



NORTHAMPTON  
COUNTY BOROUGH  
HEALTH REPORTS  
**1952**

INCLUDING REPORT ON THE  
SCHOOL HEALTH SERVICE



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COUNTY BOROUGH  
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**1952**

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SCHOOL HEALTH SERVICE

# Health Report 1952

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## INTRODUCTION TO HEALTH REPORT AND SCHOOL HEALTH REPORT, 1952

---

*To the Mayor, Aldermen, Councillors, and Co-opted Members of the  
Education Committee of Northampton County Borough.*

In accordance with my statutory duty as your Medical Officer of Health, I have the honour to present the Annual Health Report for the year 1952. This is the seventy-ninth report of the series and is prepared according to Ministry of Health Circular 2/53 dated 22nd January, 1953.

Also included with this Report are :—

- (1) Mental Health Report prepared in compliance with Regulation 12 of the Mental Deficiency Regulations, 1948, which reads as follows :—

“ The Local Health Authority shall, not later than the thirtieth day of June in every year, make a report to the Minister of Health for the year ending on the thirty-first day of December preceding, on the performance of their duties under the Mental Deficiency Acts, 1913 to 1938, as amended by the National Health Service Act, 1946.”

(See pages 68 to 73).

- (2) School Health Service Report (forty-fifth of the series) which conforms with the requirements of the Ministry of Education and complies with Regulation 55 of the Handicapped Pupils and School Health Service Regulations, 1945, which reads as follows :—

“ The Authority shall submit in respect of each calendar year a report by their School Medical Officer on the health and well-being of pupils in his care and of the work of himself and his staff in relation thereto, including a report by the Senior Dental Officer, together with such statistical and other information as the Minister of Education may require.”

(See pages 100 to 119).

The occasion of the introduction to the Annual Health Report gives me an opportunity of drawing attention to certain aspects of the work of the Health Department which may perhaps be overlooked owing to the multiplicity of the various ramifications with which the Department is concerned. Two such aspects are chosen :—

- (1) The extent of the administration in terms of personnel ; and
- (2) The ever-increasing snowball of requests for special reports and statistical returns, which obviously tends to reduce the value of the annual report.



### *Personnel*

It may come as a surprise to many to learn that the Medical Officer of Health is responsible for the administration of a personnel of 140 whole-time and 49 part-time, making a total of 189. In addition, there are 156 voluntary workers, mostly associated with maternity and child welfare.

The whole-time personnel amounting to 140 consists of the officers detailed under "Staff of Health Department" on pages 15 to 17, together with the midwives and district nurses of the Queen's Institute of District Nursing, the ambulance drivers attached to St. John Ambulance Brigade, the attendants at St. Edmund's Hospital, Part III. Accommodation, under the National Assistance Acts, etc.

The part-time personnel of 49 is made up mainly of domestic helps, together with such officers as the chest physicians, analysts, and nurses in various categories.

These figures take no account of Civil Defence, which is taking up more and more time. The Medical Officer of Health is responsible for the Ambulance and Welfare Sections containing a personnel of 58 and 114 respectively, a total of 172.

### *Special Reports and Returns*

The trend, now fairly well established and at present amounting to some 47 requests throughout the year for special reports and returns, in my opinion reduces the value of the annual report and may be a logical reason in the near future for abandoning the report in its present comprehensive form. So far as I can gather, these special reports and returns are designed to obtain information prior to the publication of the annual report, which it is customary to submit to the Council for approval before distribution. Furthermore, a special report and return may be requested so that it may incorporate some particular detail not usually mentioned in the annual report. I often find when special reports are requested that on referring the inquirer to the annual report already in his hands a reply is received that the report does not contain a particular detail and, in fact, it is not very difficult for any individual to make such a point.

In connection with this ever-increasing work, the appointment of a statistical clerk, mentioned at the end of the introduction to last year's report, is now a proved necessity, as this specialised work would take up too much of the Chief Clerk's time and attention.

As stated at the commencement of this introduction, the report is made in accordance with certain formulæ laid down by the Ministries concerned as the result of experience and with a protecting clause permitting the Medical Officer of Health to comment on other items of interest. No matter how carefully the formulæ are prepared, there will always be loopholes and it seems most desirable that all requests for special reports should be very carefully vetted by the highest authority. If this procedure were adopted, I feel certain that some of the requests for special reports and returns would not be made.

### *Survey of Local Health Services*

This was the subject of one of the special reports mentioned previously and is reproduced in this publication as Section III.—Special Survey of Local Health Services, taking up pages 26 to 39. Perusal of this report will, I think, convince the reader of the extent and time-consuming nature of these matters.

### *Vital Statistics*

It is interesting to note, relative to the vital statistics for 1952, that :—

- (1) The birth-rate (14.1) was slightly lower than in 1951 and was the lowest since 1941 (*see page 19*) ;
- (2) The death-rate (11.8) was the lowest for four years (*see page 19*) ;
- (3) The total tuberculosis death-rate was 0.29, which is the lowest recorded in the County Borough (*see page 57*) ;
- (4) The infantile mortality (21.8) approached very near to the record figure of 18.6 reached in 1950 (*see page 62*).

### *Sanitary Circumstances*

The sanitary circumstances of the town, housing, and the inspection and supervision of food are mentioned in Sections IV., V., and VI., pages 40 to 51, which are well worth careful study. This work goes on unobtrusively and has been described as the “silent service” of public health.

### *Infectious Diseases*

An outbreak of measles and rubella occurred during the year and is recorded on pages 52 and 53.

Only one case of poliomyelitis occurred (*see page 52*).

Eleven cases of paratyphoid are recorded on page 52.

One case of diphtheria was notified, the first since 1948 (*see page 53*).

128 cases of infective jaundice are recorded on page 54. This information was obtained from teachers through the School Health Service and also through the general medical practitioners, who were asked to give particulars to the Medical Officer of Health—infective jaundice not being notifiable by statute. Reference to the table of monthly incidence shews that the outbreak was marked in April, when my attention was drawn to it, and at the beginning of May I passed the information to general medical practitioners by means of weekly bulletins, which were continued for a few weeks. It will be noted that the outbreak dwindled during the summer, but returned during the winter months. Theories have been expressed that the early outbreak may not have developed because it was “out of season” and I would like to express the opinion that this early outbreak may be a very important indication that a more sustained outbreak may occur in due season (autumn and early winter), as shewn in the table.



### *Tuberculosis*

A comprehensive report concerning the preventive work in connection with tuberculosis, including the result of a mass miniature radiography survey, is given in Section VIII. on pages 55 to 62.

### *Mental Deficiency*

The list of children awaiting admission to mental deficiency institutions remains more or less unchanged. It is pleasing, however, to record that parents are becoming interested in retaining these children at home wherever possible and encouragement along these lines is given by means of the Handicraft Centre, where there is accommodation for forty-five persons. Most valuable work is done there, both in training the children and in relieving the parents of a little burden during the daytime. This is a direction for future extension and development as soon as funds become available and I think it should, and will, receive due priority.

A local branch of the National Association of Parents of Backward Children was formed in March—see page 71.

During the year a start was made in operating Ministry of Health Circular 5/52 dated 21st January, 1952 (Short-term Care of Mental Defectives in Cases of Urgency), and details are given on page 72.

### *Welfare Services*

An account of the year's activities under the National Assistance Acts is given in Section XI. on pages 73 to 78.

The erection of residential accommodation for old persons at Kings Heath has not yet commenced, owing to difficulties detailed on page 76.

The result of an informal inquiry concerning the compulsory purchase of St. John's Convalescent Home, Weston Favell, will be found on page 75.

### *Health Education*

Requests from the general public for talks from members of the staff on health matters at various levels are a feature which I am pleased to encourage as a valuable contribution to preventive medicine. A popular subject requested concerns the "prevention of accidents" both in the home and on the roads. Details of such talks given by the staff will be found on pages 36 and 37.

### *School Health Service*

The School Health Report for 1952 occupies pages 100 to 119. An advance copy in typescript was forwarded to the Chief Medical Officer of the Ministry of Education on 8th May, 1953.

It is pleasing to report still further improvement in the cleanliness of school children, as detailed on page 106, and in this connection I would like to pay credit to the school nurses and health visitors, whose vigilance and meticulous inspection have paid such high dividends. I think it would be well to point out relative to the numbers of children found verminous that this really means in most cases the very slightest infestation, amounting perhaps to only "one nit," because it is rare nowadays to find a bad infestation, although unfortunately it does occur occasionally. This state of affairs is a big contrast to the findings several decades ago when heavy infestations were usual occurrences and it was, in fact, a very difficult matter to persuade parents that infestation with vermin was not a normal condition.

In connection with this work, I would like to make reference to suggestions made whereby nursing assistants might be employed on cleanliness inspections, because, in my opinion, the present happy state of cleanliness could only have been achieved by nurses with the wide experience and training of a health visitor. I certainly could not agree that this work was wasting the time of the highly qualified and experienced health visitor and I would venture to predict that if the work were delegated to the less experienced nursing assistants the present high degree of cleanliness would not be maintained. The nursing assistant, however, might help with the cleansing under the supervision of her experienced colleague. On the other hand, the time spent in cleansing is relatively small.

The pre-war establishment of two whole-time dentists has been operative throughout the year, having been brought up to strength, as stated in the previous report, on 1st October, 1951. In consequence, it is pleasing to report that routine inspections have been possible for all entrants, together with the offer of appropriate treatment. Details of the inspections and treatment are given on pages 116 to 118.

### *Civil Defence*

At the end of 1952 there were 58 volunteers in the Ambulance and 114 in the Welfare Sections who had completed their basic training and were commencing sectional training.

There is difficulty in training ambulance volunteers in the absence of a suitable vehicle, but it is hoped that negotiations in hand may prove successful in the near future. In this connection I would remind readers that the ambulance services in this County Borough are run by the St. John Ambulance Brigade on an agency basis and that conditions of insurance, etc., do not cover civil defence volunteers. It may also be of interest to record that there are only four county boroughs in England and Wales who completely cover their ambulance obligations under Section 27 of the National Health Service Act, 1946, solely on an agency basis, and this fact creates the above-mentioned difficulty with the training of civil defence ambulance volunteers.



*Voluntary Workers*

Mention has already been made of the voluntary personnel working with this Department and I would like to take this opportunity of expressing my thanks to all these workers, particularly to those associated with Northampton Maternity and Infant Welfare Voluntary Association and the St. John Ambulance Brigade. I am sure that the general public do appreciate the value of these services to the community and, in particular, to the financial saving as reflected in the rates.

*Conclusion*

I have to express my thanks to the Chairmen, Deputy-Chairmen, and Members of the various Committees associated with the administration of the Health and School Health Departments for the careful and sympathetic consideration given to the recommendations and reports presented to them.

I also wish to thank all members of the staff, professional and clerical, for their excellent service and keen interest.

CARRICK G. PAYTON

*Medical Officer of Health.*

HEALTH DEPARTMENT,  
7A ST. GILES' SQUARE,  
NORTHAMPTON.  
MAY, 1953.



## ACKNOWLEDGMENTS

---

Certain information contained in these Annual Reports has been supplied by the following, to whom acknowledgment is made, and the Medical Officer of Health wishes personally to thank them for their co-operation during the year :—

Town Clerk  
 Borough Treasurer and Chief Rating Officer  
 Borough Engineer and Surveyor  
 Borough Architect and Town Planning Officer  
 Chief Education Officer  
 Housing Manager  
 Organisers of Physical Training  
 Registrar-General  
 Superintendent, St. John Ambulance Brigade  
 Superintendent and Secretary, Northampton Branch of the Queen's  
     Institute of District Nursing  
 Honorary Secretary, Northampton Maternity and Infant Welfare  
     Voluntary Association  
 Consultant Chest Physician  
 Honorary Secretary, Tuberculosis Care Committee  
 Local Inspector of the National Society for the Prevention of Cruelty  
     to Children  
 Manager, Northampton Employment Exchange  
 Messrs. R. H. Primavesi, Ltd.  
 Organiser, Women's Voluntary Services, Northampton County  
     Borough

# NORTHAMPTON COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1952)

---

*Ex-officio*

The Worshipful the Mayor  
(COUNCILLOR P. W. ADAMS, J.P.)

*Chairman*

COUNCILLOR A. WILSON, M.B., CH.B.

*Deputy-Chairman*

ALDERMAN MRS. H. M. NICHOLLS

*Aldermen*

L. D. B. COGAN, D.S.O., L.R.C.S.

W. A. PICKERING

*Councillors*

A. S. BAXTER

P. GIBSON

J. W. DICKINS

M. W. O'BRIEN

SAUL DOFFMAN

MRS. E. E. WILKINSON

MRS. K. M. GIBBS

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## SUB-COMMITTEES OF THE HEALTH COMMITTEE

### Health Services

COUNCILLOR WILSON (*Chairman*); ALDERMAN MRS. NICHOLLS (*Deputy-Chairman*); ALDERMAN COGAN; COUNCILLORS DICKINS, MRS. GIBBS, and MRS. WILKINSON.

*Non-Council Members*—MESDAMES G. L. CHARLESWORTH, H. MACQUIRE, J. MARTIN, and S. STRICKLAND; and MISS E. LACON.

### Sanitary Services

The Worshipful the Mayor (COUNCILLOR ADAMS) (*Chairman*); COUNCILLOR DOFFMAN (*Deputy-Chairman*); ALDERMEN MRS. NICHOLLS and PICKERING; COUNCILLORS DICKINS and WILSON.

### Welfare Services

COUNCILLOR BAXTER (*Chairman*); ALDERMAN MRS. NICHOLLS (*Deputy-Chairman*); COUNCILLORS DOFFMAN, MRS. GIBBS, MRS. WILKINSON, and WILSON.

*Non-Council Members*—MESDAMES E. BATCHELOR, D. L. CAMPBELL, G. L. CHARLESWORTH, and J. H. PEACH; one vacancy.

*Each of the above Committees meets monthly.*

## STAFF OF HEALTH DEPARTMENT, 1952

---

*Medical Officer of Health, School Medical Officer, Chief Tuberculosis Officer, and Welfare Administrator—*

CARRICK G. PAYTON, M.D., CH.B., D.P.H. (Also *Certifying Officer under the Mental Deficiency Acts*)

*Deputy Medical Officer of Health and Deputy School Medical Officer—*

RAYMOND J. DONALDSON, M.B., B.CH., B.A.O., D.P.H. (Also *Certifying Officer under the Mental Deficiency Acts*)

*Assistant Medical Officer for Maternity and Child Welfare—*

MRS. M. MARTIN WILLIAMS, M.B., CH.B.

*Assistant Medical Officer of Health and Assistant School Medical Officer—*

ROBERT T. HICKS, O.B.E., M.R.C.S., L.R.C.P. (Also *Certifying Officer under the Mental Deficiency Acts*)

*Public Analyst\*—*

A. PRIDEAUX DAVSON, A.R.C.S., F.R.I.C., F.C.S.

*Deputy Public Analyst\*—*

D. G. ALLEN, B.SC., F.R.I.C.

*Dental Surgeons†—*

J. P. WILSON, L.D.S.R.C.S. (*Chief Dental Officer*)

MRS. M. CANOVAN, L.D.S. (*Assistant Dental Officer*)

*Sanitary Inspectors—*

H. S. DAVIES‡|| (*Chief Inspector*)

T. L. BOAST‡|| (*Deputy Chief Inspector*)

S. A. TENCH‡ (Died 13/10/52)

T. A. HARRIS‡||

M. DE V. MERRIMAN‡

R. L. TUDGE‡|| (Commenced 4/2/52)

E. G. RAWLINGS‡|| (Commenced 18/8/52)

S. SUMMERSON‡ (Commenced 8/9/52)

*Student Sanitary Inspector—*

R. PULFORD

*Health Visitors¶—*

MISS S. M. WEEKS§ (*Superintendent*)

MISS R. M. BRADY§

MISS E. HOWARD§

MISS E. A. WILLIAMS§

MISS S. G. HANSFORD§

MISS D. SYMMONDS§

MISS M. E. GRANT§

MISS E. HACKING§

MISS F. H. COLLIER§ (Resigned 29/11/52)

MISS B. D. JUKES§ (Commenced 14/1/52)

MISS F. H. CHAMBERLAIN§ (Commenced 1/5/52)

MISS J. G. LANE§ (Commenced 26/5/52)

MISS R. LISTER§ (Commenced 26/5/52)

*Student Health Visitors—*

MISS M. F. KENNARD (Commenced 14/1/52)  
 MRS. N. MOORE (Commenced 2/4/52)  
 MISS M. E. PYE (Commenced 22/9/52)  
 MISS E. TURNER (Commenced 22/9/52)

*Tuberculosis Visitors—*

MRS. M. A. ALLSEBROOK  
 MISS C. REESE (Retired 30/6/52)

*Matron, Spencer Day Nursery—*

MRS. R. COOK (Commenced 13/10/52)  
 MISS E. A. HUNT (Resigned 30/9/52)

*Matron, Kingthorpe Park Day Nursery—*

MISS M. A. WESTCOTT

*Organiser of Domestic Help—*

MRS. M. D. HARDING

*Mental Health Officer (Mental Deficiency)—*

MRS. K. M. WARD (Also Authorised Officer)

*Duly Authorised Officer and Mental Health Officer (Lunacy)—*

R. H. JOHNSON

*Handicraft Centre Staff—*

MRS. M. A. AXFORD (Supervisor)  
 MISS I. L. BULLOCK  
 MRS. M. E. PAYNE  
 MISS J. LINER

*Welfare Officer—*

MISS V. M. HARRISON

*Assistant Welfare Officers—*

J. D. BENOY  
 N. BOOTH (Commenced 19/8/52)

*Occupational Therapist—*

MISS B. H. SAMMONS (Commenced 1/11/52)  
 MISS M. LUNN (Resigned 30/9/52)

*Clerks—*

H. T. BOSWELL (Chief Clerk)  
 D. R. GROTHUSEN (Senior Clerk)  
 A. F. KNIGHT (Statistical Clerk)  
 L. BLAKE  
 C. ADAMS  
 L. W. GARNER  
 W. G. TOMALIN  
 R. N. RHODES  
 G. A. WALLINGTON (To military service 15/1/52)  
 G. E. COOK  
 R. G. STREETER (Commenced 21/1/52)  
 MISS D. E. ADNITT (Maternity and Child Welfare Sub-Department)  
 MISS J. RICHARDSON (Maternity and Child Welfare Sub-Department)  
 MRS. T. F. WILLIAMS (Maternity and Child Welfare Sub-Department)  
 K. M. LINNELL (Mental Health Sub-Department; also Relief Authorised Officer)  
 MRS. H. M. ANDREWS (Domestic Help Sub-Department)



*General Assistant—*

A. W. BLASON

*Disinfestation Officer—*

F. J. R. MISSIN

*General Manual Assistant and Motor Driver—*

W. C. SMITH

*Rat-catcher—*

W. E. J. DUNKLEY

---

The following Officers on the staff of the Oxford Regional Hospital Board rendered part-time service to Northampton County Borough Council:—

ERNEST T. W. STARKIE, M.A., M.B., B.CH., M.R.C.S., L.R.C.P. (*Consultant Chest Physician*)

JAMES M. H. McMURRAY, M.R.C.S., L.R.C.P. (*Chest Physician*)

MISS H. S. REDDISH (*Tuberculosis Almoner*)

---

\* Part-time appointment.

† Mainly for School Dental work; part time devoted to Maternity and Child Welfare work.

‡ Holds Inspector's Certificate of the Royal Sanitary Institute.

|| Holds Certificate for Inspecting Meat and Other Foods.

§ Holds Health Visitor's Certificate.

¶ Health Visitors help with school work under a co-ordinated scheme.



## SUMMARY OF STATISTICS

### NORTHAMPTON COUNTY BOROUGH

Position : Latitude.....52° 14' North ; Longitude.....0° 54' West  
 Elevation of Guildhall above mean sea level ..... 252 feet  
 Area ..... 6,201 acres (9.7 square miles)

#### Population :—

Census 1931 (before extension) .....	92,341
Census 1931 (including area added 1st April, 1932) .....	96,546
Census 1951 (provisional) .....	104,429
Registrar-General's Estimated Home Population (all ages) as at 30th June, 1952, including members of Armed Forces stationed in area .....	103,700

#### Number of Inhabited Houses :—

Census 1931 .....	23,141
According to Rate Books (31st December, 1952) .....	31,700
Number of Families or Separate Occupiers (Census 1931) .....	24,966
Rateable Value (31st December, 1952) .....	£839,533
Estimated Yield of One Penny Rate 1952/53 .....	£3,318

#### EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1952

	TOTALS	MALES	FEMALES		
Live Births {	Legitimate ..... 1,387	718	669	} Birth-rate	14.1
	Illegitimate..... 80	46	34		
	Total ..... 1,467	764	703		
Adjusted Birth-rate (Area Comparability Factor 1.02) .....					14.4
Stillbirths {	Legitimate ..... 37	15	22	} Rate	0.38*
	Illegitimate..... 2	—	2		
	Total ..... 39	15	24		
Deaths .....	1,222	639	583	—Death-rate	11.8
Adjusted Death-rate (Area Comparability Factor 0.92) .....					10.8
Number of Women dying in, or in consequence of, Childbirth					0
Deaths of Infants under One Year of Age per 1,000 Live Births :—					
Legitimate.....18.7		Illegitimate.....75.0	Total (32 deaths)		21.8
(26 deaths)		(6 deaths)			

	NUMBER	RATE
Deaths from Measles .....	0	0.00
Deaths from Whooping Cough .....	0	0.00
Deaths from Diphtheria .....	0	0.00
Deaths from Respiratory Tuberculosis .....	26	0.25
Deaths from Other Tuberculous Diseases .....	4	0.04
Total Tuberculosis Deaths .....	30	0.29
Deaths from Cancer .....	203	1.96
Deaths from Influenza .....	3	0.03

\* 25.9 per 1,000 Total (Live and Still) Births Registered.

## I.—STATISTICS AND SOCIAL CONDITIONS

**Population.** (Table A, page 99). The Registrar-General estimated the home population at all ages of Northampton County Borough as at 30th June, 1952, to be 103,700, which is the same as his estimate for mid-year 1951.

The natural increase of the population, *i.e.*, the excess of live births over deaths, for 1952 was 245, or 2.36 per thousand living.

Table A gives the population figures from 1921 onwards.

**Census, 1951.** The provisional figures in connection with the Census on the night of 8/9th April, 1951, were published in July, 1951. It may be of interest to compare the present population with that at the 1931 Census for the area within the present municipal boundary (making allowance for the additions to the County Borough on 1st April, 1932) :—

CENSUS	MALES	FEMALES	TOTALS
1951 .....	49,274	55,155	104,429
1931 .....	45,733	50,813	96,546
Increase .....	3,541	4,342	7,883 (8.2 per cent.)

The Census populations from 1801 onwards were given on page 75 of the 1933 Annual Report.

No further information is yet available, but it is hoped to give in due course extracts from the Census volumes relating to occupations, housing conditions, ward populations, age and sex distribution, etc.

**Births.** (Tables 1 and 2, page 79). 1,467 live births (764 males, 703 females) were registered, giving a birth-rate of 14.1 per thousand of the estimated civilian population, compared with 15.3 for England and Wales and 16.9 for the 160 county boroughs and great towns, including the metropolitan boroughs. This is the lowest local rate since 1941.

Table 1 gives the birth-rates for the last decennium compared with those for England and Wales.

80 (5.5 per cent.) of the births were illegitimate. In England and Wales the percentage was 4.6. The percentages for the last ten years are shewn in Table 2.

The adjusted birth-rate for Northampton County Borough (calculated by multiplying the crude rate by the Registrar-General's area comparability factor of 1.02) was 14.4.

**Deaths.** (Table 3, page 79, and Table C at end). 1,222 deaths (639 males, 583 females) were registered, equal to a death-rate of 11.8 (the lowest for four years), compared with 11.3 for England and Wales and 12.1 for the great towns. Table 3 gives the local and national death-rates for the last ten years.

866 (70.9 per cent.) of the deaths related to elderly persons aged sixty-five years and upwards.



Table C at the end of this report, giving the causes of death in age-periods, was compiled from information supplied by the Registrar-General.

The adjusted death-rate for Northampton County Borough (calculated by multiplying the crude rate by the area comparability factor of 0.92) was 10.8.

**State of Employment.** The employment position was affected early in 1952 by a recession of trade in the boot and shoe and leather dressing and tanning industries. However, towards the end of the year the position had considerably improved.

Persons unemployed and registered at Northampton Employment Exchange for employment on 8th December, 1952, were :—

Men (aged 18 years and over) .....	273
Women (aged 18 years and over).....	259
Total .....	532

The men's register of 273 included 110 who were over fifty years of age. The number of unemployed registered disabled persons suitable for ordinary employment was 74 men and 12 women.

Details of a few severely disabled persons unlikely to obtain work other than under special conditions are excluded from the above figures.

The principal outstanding demands for men were in general engineering and building. The main demands for women were in the manufacture of clothing and boots and shoes, also in the hospital and catering services.

**Meteorology.** (Table 4, page 80). The total rainfall for 1952 was 27.26 inches, *i.e.*, 3.00 inches less than in 1951 and 2.24 inches above the average for the past forty-eight years, 1904 to 1951 inclusive. The wettest month was August and the driest July. The heaviest fall occurred on 4th August, when 1.25 inches were registered. The number of days on which 0.01 inch or more rain fell was 199.

The highest shade temperature recorded was 87.0°F. on 1st July. The lowest reading of the thermometer was 21.0°F. on 26th January and 24th November. There were 70 cold nights, *i.e.*, nights when the temperature fell to 32°F. (freezing point) or below.

The prevailing wind was north-west on 159 days, south-west on 90, north-east on 70, and south-east on 47.

**Other Statistics.** The notes on infant and maternal mortality, stillbirths, notifiable and other diseases, housing conditions, and other statistics usually included in the annual report, will be found under the headings referring to these matters.

Attention is also directed to the statistics on page 18, to Table A on page 99, and to Tables B and C at the end of this report.

## II.—GENERAL PROVISION OF HEALTH SERVICES

**Health Staff.** A list of the officers of the Health Department appears on pages 15 to 17.

The staff employed in the school health service is listed in the Annual Report upon the School Health Service on page 102.

**Treatment Centres and Clinics.** A complete list is given below of clinics, etc., in Northampton County Borough on 31st December, 1952 :—

### ANTE-NATAL AND POST-NATAL CLINIC

St. Giles' Street Infant Welfare Centre.

Mondays, 3 to 4 p.m., or by appointment.

### CHILD WELFARE CENTRES

- (1) Abington Avenue (Congregational Church Rooms).  
Thursdays, 2 to 4.30 p.m.
- (2) Broadmead (Baptist Church Rooms).  
Mondays, 2 to 4.30 p.m.
- (3) Dallington (Spencer-Dallington Community Centre).  
Thursdays, 2 to 4.30 p.m.
- (4) Doddridge Memorial (Congregational Church Rooms).  
Wednesdays, 2 to 4.30 p.m.
- (5) Far Cotton (St. Mary's Church Rooms).  
Mondays and Wednesdays, 2 to 4.30 p.m.
- (6) Kingsley Park (Methodist Church Rooms).  
Mondays, 2 to 4.30 p.m.
- (7) Kingsthorpe (Baptist Church Rooms).  
Tuesdays, 2 to 4.30 p.m.
- (8) St. David's (Church Rooms).  
Fridays, 2 to 4.30 p.m.
- (9) St. Giles' Street (Infant Welfare Centre).  
Tuesdays, Wednesdays, and Fridays, 2 to 4.30 p.m.
- (10) St. Sepulchre's (Church Buildings).  
Wednesdays and Fridays, 2 to 4.30 p.m.
- (11) Wheatfield Road (Abington Community Centre).  
Fridays, 2 to 4.30 p.m.

(With the exception of (9) above, all these centres are held on hired premises).

### DIPHTHERIA AND WHOOPING COUGH IMMUNISATION CLINICS

- (1) St. Giles' Street Infant Welfare Centre.  
Mondays, 2 to 3 p.m. (Children under five years of age).
- (2) School Clinic, King Street. By appointment. (School children).



## MINOR AILMENTS CLINIC

School Clinic, King Street. Weekdays, 9 a.m. to 12 noon, 2 to 4.30 p.m. (Saturdays, 9 a.m. to 12 noon).

## DENTAL CLINIC

School Clinic, King Street. By appointment.

## EYE CLINIC

School Clinic, King Street. By appointment.

## \*ORTHOPTIC CLINIC

Northampton General Hospital. School cases referred by Ophthalmic Surgeon.

## \*EAR NOSE AND THROAT CLINIC

Northampton General Hospital. Cases referred from School Clinic and Child Welfare Centres.

## \*ORTHOPÆDIC CLINIC

Manfield Orthopædic Clinic, Hazelwood Road. Cases referred through Child Welfare Centres or School Clinic.

## REMEDIAL EXERCISES CLINIC

School Clinic, King Street. Tuesday afternoons and Wednesday mornings by appointment.

## SUNLIGHT CLINIC

(1) St. Giles' Street Infant Welfare Centre. Cases referred from Child Welfare Centres.

(2) School Clinic, King Street. School children by appointment.

## SPEECH CLINIC

28 Billing Road. By appointment.

## CHILD GUIDANCE CLINIC

County Offices, Guildhall Road. By appointment.

## \*CHEST CLINIC (TUBERCULOSIS)

Chest Clinic, 11 St. Matthew's Parade.

Routine sessions : Tuesdays and Fridays from 9.30 a.m. and 2 p.m.

Session for workers : Mondays from 5.30 p.m.

Sessions for diagnosis cases : Wednesdays and Fridays from 9.30 a.m.

Session for contacts, etc. : As arranged.

Sessions for artificial pneumothorax treatment : Mondays and Wednesdays commencing 2 p.m.

Domiciliary visits : By arrangement with the Consultant Chest Physician.

## \*VENEREAL DISEASES

Treatment Centre, Northampton General Hospital.

Males—Wednesdays 2 p.m. ; Fridays 5 p.m.

Females—Mondays 5 p.m. ; Fridays 2 p.m.

Clinics marked \* are under the control of the Northampton and District Hospital Management Committee.



**National Health Service.** The Northampton County Borough Council's proposals under the National Health Service Act, 1946, were approved by the Minister of Health during 1948. The main proposals were summarised in the Annual Health Report for 1948.

A modification was made in 1950 to the proposals under Section 28 of the National Health Service Act, 1946, for the Prevention of Illness, Care and After-care, by the addition to the section dealing with tuberculosis of a paragraph providing for B.C.G. (*Bacillus Calmette-Guérin*) vaccination to be made available to persons who require protection in view of their known contact with tuberculous infection.

The proposals under Section 28 were further modified in 1952 by the addition of the following paragraph under the heading "Mental Illness or Defectiveness" :—

"The Local Health Authority intend to provide short-term care of mental defectives in cases of urgency removed from their homes during any period of special need, such period not normally to exceed two months, and where necessary will pay for all or part of the maintenance of the defective during that period."

This modification was approved by the Minister of Health on 9th October, 1952.

The report of the Chief Dental Officer on the dental treatment provided for expectant and nursing mothers and for young children is given on pages 66 and 98.

A special survey of local health services under the National Health Service Acts, 1946 to 1952, prepared in accordance with Ministry of Health Circular 29/52 dated 19th August, 1952, forms Section III. of this report, pages 26 to 39.

**Home Nursing.** This service is provided by the Northampton Branch of the Queen's Institute of District Nursing on behalf of the Council. During 1952, Queen's Nurses paid 52,818 visits to 2,149 cases. There were eleven whole-time and eight part-time nurses on the staff at the end of the year.

**Ambulance Services.** The St. John Ambulance Brigade operate the ambulance services on behalf of the Local Authority, covering infectious disease cases as well as general ambulance work and accidents.

The following summarises the work during 1952 :—

	AMBULANCES	CARS	TOTALS
Vehicles on 31/12/52 .....	6	2	8
Journeys .....	6,425	5,658	12,083
Patients carried .....	7,781	5,880	13,661
Accidents and other emergency journeys included above .....	429	26	455
Total mileage .....	52,763	52,607	105,370

Of the total mileage of 105,370, journeys within the County Borough amounted to 70,505 miles and those to destinations outside to 34,865. Journeys of 50 miles or more accounted for 26,455 miles of the 34,865.

The 1952 mileage of 105,370 compares with 97,860 in 1951.

The average monthly mileage in 1952 was 8,781, compared with 8,155 in 1951.

On 31st December, 1952, the paid whole-time drivers and attendants numbered 12.

**Convalescence.** In accordance with the Council's scheme under Section 28 of the National Health Service Act, 1946, eight persons received recuperative convalescence, six of them for two weeks and two for three weeks. They were assessed to contribute towards the cost according to their means. Cases were sent to the following homes :—

Beau Site Home, Hastings .....	5
Leconfield Home, Bonchurch, Isle of Wight .....	3

**Domestic Help.** The following information relates to the working of the Domestic Help Scheme under Section 29 of the National Health Service Act, 1946 :—

Administrative staff on 31st December, 1952 :—

Organiser .....	1	}	2
Clerk .....	1		

Home helps employed on 31st December, 1952 :—

Whole time (permanent staff) .....	7	}	42
Part time (temporary staff) .....	35		

Cases helped during 1952 :—

Maternity (including expectant mothers) .....	87	}	348
Tuberculosis .....	6		
Others .....	255		

(Weekly average of cases helped=99).

Visits by Organiser :—

To home helps .....	3	}	20
To homes of patients .....	17		

Under the approved scheme, help can be provided for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age. Application should be made to the Medical Officer of Health. Charges appropriate to the means of the user will be made.

Two persons were summoned for failing to pay the assessed charges. One was ordered to pay the debt of £5 2s. 11d. within four weeks; the other had to pay the debt of £3 9s. 4d. forthwith.



**Occupational Therapy.** The Occupational Therapist's duties are mainly concerned with aged, etc., persons in residential accommodation under Part III. of the National Assistance Act, 1948, and with tuberculous persons under Section 28 of the National Health Service Act, 1946.

21 new cases were admitted to occupational therapy in 1952 ; 15 were discharged ; 5 died ; leaving 63 on prescription on 31st December, 1952. These 63 persons were in the following groups :—

Persons in Part III. Accommodation at St. Edmund's Hospital	25
Tuberculous patients .....	21
General patients .....	17
	—
Total .....	63
	—

There was a break of one month occasioned by a change of staff (*see* page 16).

**Mental Health Services.** The Health Committee, acting through the Mental Services Sub-Committee (*see* page 14), are responsible for the administration locally of legislation embodied in the Lunacy and Mental Treatment Acts and Mental Deficiency Acts, as amended by the National Health Service Acts.

The report for 1952 is incorporated in this volume (*see* Section X. on pages 68 to 73).

**School Health Service.** The Medical Officer of Health is also School Medical Officer. The Annual Report upon the School Health Service is published on pages 100 to 119 and gives particulars of the staff employed and the work done during 1952.

**Welfare Services.** In Northampton County Borough the welfare services under the National Assistance Act, 1948, are under the general administration of the Medical Officer of Health, who is also designated Welfare Administrator.

Reference should be made to Section XI. on pages 73 to 78.

**Children's Homes, etc.** The following work was performed by the Health Department for the Children Committee :—

Visits by Medical Officers to Remand Home.....	40
Number of examinations of boys .....	483
Examinations by Medical Officers of boarded-out children.....	30
Visits by Medical Officers to Children's Homes .....	61
Number of examinations of children .....	308

**Laboratory Facilities.** (Table 13, page 92). The work in connection with food or the control of epidemic diseases, etc., is performed in the

Public Health Laboratory at Northampton General Hospital, free of charge to the Local Authority. Table 13 gives particulars of clinical bacteriology.

Water samples for bacteriological examination were submitted each week to the Devonport Pathological Laboratories, Greenwich, until 12th August, 1952, on which date this work also was undertaken by the Public Health Laboratory. *See page 40.*

**Maternity and Other Nursing Homes.** On 31st December, 1952, three nursing homes (containing 51 beds, including 33 for maternity cases) were on the register kept under Section 187 of the Public Health Act, 1936, *viz* :—

HOME	REGISTERED FOR
St. Matthew's Nursing Home, 29/31 St. Matthew's Parade	22 patients (not more than 4 to be maternity cases)
St. Saviour's Home, 21A Manor Road	15 maternity cases
Speedwell Nursing Home, 51 East Park Parade	14 maternity cases

St. Saviour's Home is managed by the Peterborough Diocesan Council of Moral Welfare. Unmarried mothers are retained there, along with their babies, for about four months, during which period they receive training in domestic duties as well as child management.

These homes are regularly inspected by the Assistant Medical Officer for Maternity and Child Welfare, the officer appointed by the Local Authority to carry out this duty. (*See page 65.*)

One nursing home was exempted from registration under Section 192 of the Public Health Act, 1936, *viz* : Bethany Homestead Nursing Home.

**Legislation in Force.** A list of Local Acts and Orders, General Adoptive Acts, and Byelaws relating to public health in force in the County Borough was given on pages 25 to 27 of the 1951 Report and there are no changes to record.

### III.—SPECIAL SURVEY OF LOCAL HEALTH SERVICES

#### Introduction

The report which follows in Section III. has been prepared in compliance with Ministry of Health Circular 29/52 dated 19th August, 1952, for inclusion by the Medical Officer of Health in the Annual Health Report for 1952 of Northampton County Borough.



## General

### (1) *Administration*

All matters relating to the discharge of the functions of Northampton County Borough Council under the National Health Service Acts stand referred to the Health Committee, who have appointed a Health Services Sub-Committee, consisting of members of the Health Committee together with persons of experience in the voluntary field, to advise them on the exercise of their functions. The Health Committee have no such co-opted members.

The services are under the general administration and medical direction of the Medical Officer of Health, who is also School Medical Officer, Chief Tuberculosis Officer, and Welfare Administrator (under the National Assistance Acts, 1948 and 1951).

There are not at present any joint arrangements with other local authorities, although several of the approved schemes under the National Health Service Act, 1946, make provision for such arrangements, if found necessary or desirable.

### (2) *Co-ordination and co-operation with other parts of the National Health Service*

The general arrangements operating in the County Borough for securing co-ordination between local health services and the hospital and specialist services and the general practitioner services are mentioned in the appropriate paragraphs later in this survey report.

The Medical Officer of Health serves on the following committees :—

Local Medical Committee.

Obstetric Committee of Northampton Executive Council.

Medical Officers of Health Liaison Committee of Oxford Regional Hospital Board.

Attention is directed to the remarks in paragraph 5 (a) relative to mothercraft training at ante-natal clinics.

A Health Services Handbook was prepared in 1948 in compliance with Ministry of Health Circular 36/48 dated 15th March, 1948, and copies were widely distributed to the public as well as to medical practitioners and others in the public health and allied services. Copies were also distributed in 1950, with suitable amendments, in connection with a mothercraft and infant welfare exhibition.

Note : The revised list of clinics on pages 21 and 22 should be substituted for the list on pages 19 to 21 of the printed Handbook.

A revision of this Handbook is contemplated.

### (3) *Joint use of Staff*

Doctors in general practice are not employed on a part-time or sessional basis.

An Assistant Medical Officer of Health attends the Pædiatric Department of Northampton General Hospital on one session per week, also pays weekly visits to St. Edmund's Hospital Maternity Unit (which is a general practitioner access unit) and to the Barratt Maternity Home.

The Consultant Chest Physician, the Chest Physician, and the Tuberculosis Almoner, all on the staff of the Oxford Regional Hospital Board, render part-time service to Northampton County Borough Council under Section 28 of the National Health Service Act, 1946.

### (4) *Voluntary Organisations*

Valuable assistance is rendered by the following voluntary organisations :—

(a) NORTHAMPTON MATERNITY AND INFANT WELFARE VOLUNTARY ASSOCIATION. Members of this Association help in the work under Section 22 of the National Health Service Act, 1946, by assisting at the fifteen child welfare sessions held weekly, mostly on hired premises.

Each centre has a leader and helpers. Altogether, about 120 ladies take part in this work.

This Association also conduct mothers' clubs three evenings per week for dressmaking, toy-making, knitting, etc., run savings groups, and organise exhibitions and lecture weeks.

There are no Council representatives on the Association, but an Assistant Medical Officer of Health attends meetings in an advisory capacity. An annual grant of £100 is made by Northampton County Borough Council.

(b) QUEEN'S INSTITUTE OF DISTRICT NURSING. See paragraph (6) on "Domiciliary Midwifery" and paragraph (8) on "Home Nursing."

(c) ST. JOHN AMBULANCE BRIGADE. See paragraph (10) on "Ambulance Service."

(d) TUBERCULOSIS CARE COMMITTEE. The annual grant made by the County Borough Council to this Committee is £350. This sum is augmented by the Christmas Seal Sale, special appeals, and donations. The money is used to assist patients and their families in providing clothing, bedding, footwear, extra nourishment, and medical comforts ; gifts at Christmas ; and convalescent holidays.

The Council are represented on the Tuberculosis Care Committee.



### Particular Services

#### (5) *Care of Expectant and Nursing Mothers and Children under School Age*

(a) EXPECTANT AND NURSING MOTHERS. No special ante-natal and post-natal clinics are now held on municipal premises.

No assistance is given at any clinics in general practitioners' own premises.

Blood for Rhesus testing is taken by an Assistant Medical Officer of Health for the majority of domiciliary confinements and for patients approved for admission on social grounds to St. Edmund's Hospital Maternity Unit. The specimens are sent to the Regional Transfusion Officer, Oxford.

Unmarried mothers are seen by arrangement ; ante-natal care is given by the Health Department as required and, where necessary, admission to moral welfare homes is provided under the National Assistance Act, 1948.

Mothercraft training was given in all local authority clinics until the inauguration of the National Health Service. The greater part of the ante-natal work is now done in the hospitals, where there is no mothercraft training.

Maternity outfits for domiciliary cases are provided by the Local Authority and distributed by the Queen's Institute of District Nursing, who have undertaken the domiciliary midwifery in Northampton County Borough by agreement under Section 23 of the National Health Service Act, 1946.

(b) CHILD WELFARE. Fifteen child welfare clinics are held each week (*see* list of clinics on page 21).

There are no consultant clinics and none held by general practitioners in their own premises.

The extent to which these facilities are used is indicated in the following tabulation :—

YEAR	NETT LIVE BIRTHS	CHILDREN UNDER 1 YEAR	
		OF AGE ATTENDING CENTRES FOR FIRST TIME	PER-CENTAGE
1949	1,646	1,148	69.7
1950	1,502	1,183	78.8
1951	1,514	1,064	70.3
1952	1,467	1,078	73.5

(c) CARE OF PREMATURE INFANTS. Cots, bedding, blankets, hot water bottles, and clothing are available on loan from the Queen's Institute of District Nursing for premature babies nursed at home.

There is a premature baby unit at the Barratt Maternity Home (Northampton General Hospital) and there is close liaison between the Sister-in-charge and the Superintendent Health Visitor. Babies who are very small or present complications at home are also transferred to this unit.



(d) **SUPPLY OF DRIED MILKS, ETC.** Dried milks and nutrients are available at the Child Welfare Centres. This applies both to Ministry of Food products and other dried milks and vitamin supplements provided under the Local Health Authority's arrangements for the care of mothers and young children.

(e) **DENTAL CARE.** There was no expansion during 1952 of the arrangements for the dental care of expectant and nursing mothers and young children.

Two special sessions are held each week at the School Clinic for this purpose.

The numbers treated are stated below :—

YEAR	SESSIONS	EXPECTANT AND NURSING MOTHERS TREATED	CHILDREN UNDER 5 YEARS TREATED
1949	87	69	291
1950	89	28	368
1951	98	17	424
1952	114	22	414

(f) **OTHER PROVISION.** There are two day nurseries, for children under two years of age, with accommodation for 70 children. On 31st December, 1952, there were 59 names on the registers.

Facilities are provided at a central child welfare centre (local health authority premises) for ultra-violet ray treatment of children under five years of age. 51 children received 672 treatments during 1952. The arrangements are suspended during the summer months.

#### (6) *Domiciliary Midwifery*

The Northampton Branch of the Queen's Institute of District Nursing undertake domiciliary midwifery on behalf of the Northampton County Borough Council by agreement under Section 23 of the National Health Service Act, 1946. The Local Health Authority are represented on the Queen's Institute of District Nursing Management Committee.

One of the Assistant Medical Officers of Health is medical supervisor of midwives under Section 17 (3) of the Midwives Act, 1951. Regular visits of inspection are made. A non-medical supervisor has not been appointed as the Queen's Institute (a training home) has a Superintendent.

All midwives on the staff of the Queen's Institute of District Nursing are qualified to administer analgesics. These are widely used ; about 80 per cent. of mothers are now having analgesia, as will be seen from the following tabulation :—

YEAR	CASES ATTENDED BY QUEEN'S MIDWIVES	GAS AND AIR ADMINISTERED	PERCENTAGE
1949	468	300	64.1
1950	405	318	78.5
1951	392	268	68.4
1952	375	301	80.3

The Queen's Institute have seven sets of apparatus in use.

The Queen's Institute conduct ante-natal sessions on their own premises. They are in close touch with the doctor booked in each case.

Relative to the method of selecting women whose confinement in hospital is desirable on social grounds, application forms are issued by general practitioners to the patients ; subsequently, officers of the Local Authority investigate the cases and allocate the available beds.

Arrangements are available for refresher courses for midwives whose length of service justifies such a course. In practice, however, personnel changes frequently, the average length of stay of midwives in Northampton being from three to four years.

The Queen's Institute of District Nursing is a Part II. training school for midwives, three months being spent at St. Edmund's Hospital practitioner access unit and three months on district midwifery.

### (7) *Health Visiting*

The health visiting service is provided entirely by whole-time officers of Northampton County Borough Council. On 31st December, 1952, the strength was one Superintendent Health Visitor and ten health visitors, compared with one Superintendent and five health visitors four years earlier. The present establishment is one Superintendent and fifteen health visitors.

These health visitors are now on combined duties, which, apart from their main duties in connection with the welfare of mothers and young children, include the following :—

Visits to schools and attendance at school medical inspections, clinics, etc.

Visits, etc., relative to prevention of illness, care and after-care (including tuberculosis) under Section 28 of the National Health Service Act, 1946.

Attendance at Chest Clinic.

(N.B. : There are also three school nurses exclusively on school work).

There is close liaison between the Barratt Maternity Home, the General Practitioner Access Unit at St. Edmund's Hospital, and the Superintendent Health Visitor. There is also contact between individual health visitors and general practitioners covering patients in the same area.

All health visitors on the staff have the Health Visitor's Certificate.

To keep the establishment up to strength, suitable persons are appointed to train as health visitors. These receive nine months training at a recognised training centre and after qualification are employed on the temporary staff for a period of two years, after which they are eligible



for appointment to the permanent staff. Four students were undergoing training on 31st December, 1952, and one was awaiting training. Of the eleven health visitors on the staff on that date, nine have been recruited under this scheme.

All health visitors have the opportunity of attending refresher courses after every five years of service.

#### (8) *Home Nursing*

In addition to domiciliary midwifery, the Northampton Branch of the Queen's Institute of District Nursing undertake home nursing on behalf of Northampton County Borough Council by agreement under Section 25 of the National Health Service Act, 1946. As already stated, the Northampton County Borough Council are represented on the Management Committee of the Queen's Institute of District Nursing.

The establishment is 15 whole-time nurses under the supervision of the Superintendent of the Queen's Institute of District Nursing. The staff on 31st December, 1952, was 11 whole-time and 8 part-time nurses, equivalent altogether to 15 whole-time nurses. (One whole-time male nurse is included).

The cases dealt with come to light mainly through general practitioners and hospitals, with whom there is close liaison.

The statistics for the last four years are set out below :—

YEAR	WHOLE-TIME NURSES	PART-TIME NURSES	CASES NURSED	VISITS MADE
1949	7	6	1,634	39,659
1950	7	3	1,652	40,932
1951	12	4	1,824	44,848
1952	11	8	2,149	52,818

Included in the 2,149 cases nursed in 1952 were 208 children under five years of age and 81 tuberculosis patients.

There is no night service, but the Queen's Institute of District Nursing have a panel of women who are prepared to sit up at night, where necessary.

There are no arrangements for refresher courses for nursing staff, nor local arrangements for district nurse training.

#### (9) *Vaccination and Immunisation*

The extent to which general practitioners have participated in the Council's scheme is reflected by the number of record cards received from them :—



YEAR	SMALLPOX VACCINATION AND RE-VACCINATION	DIPHTHERIA IMMUNISATION (INCLUDING REINFORCING DOSES AND COMBINED DIPHTHERIA-PERTUSSIS)	WHOOPIG COUGH (ONLY) IMMUNISATION
1949	322	335	—
1950	581	413	4
1951	631	301	11
1952	570	542	42

99.8 per cent. of the smallpox vaccination, 22.1 per cent. of the diphtheria immunisation (including reinforcing injections), and 16.6 per cent. of the whooping cough only immunisation in these last four years was performed by general practitioners.

Propaganda relative to infant vaccination and primary diphtheria immunisation is mostly spread through the child welfare centres and health visitors. It is urged that infants be vaccinated when four to six months old and immunised against diphtheria at the age of eight months. Often this immunisation is done with a combined diphtheria-pertussis prophylactic. “Boosting” injections are recommended before entry into school life.

Prophylactic whooping cough vaccine and also a combined diphtheria-pertussis prophylactic are available for the use of general practitioners free of charge.

The ages at the time of immunisation against whooping cough alone have been as follows :—

AGE-PERIODS	1949	1950	1951	1952	TOTALS
Under 1 year	5	5	3	21	34
1—2 years	81	11	19	41	152
2—3 years	42	12	4	27	85
3—4 years	24	8	3	5	40
4—5 years	10	4	1	8	23
5 years and over	3	—	2	4	9
Totals	165	40	32	106	343

The above figures include immunisation against whooping cough performed by general practitioners as well as by Health Department staff.

The following shews the amount of immunisation against diphtheria or combined diphtheria-whooping cough during the four years 1949 to 1952 :—

IMMUNISATIONS AGAINST	1949	1950	1951	1952	TOTALS
Diphtheria only	628	683	766	489	2,566
Diphtheria and whooping cough combined	649	465	284	801	2,199
Totals	1,277	1,148	1,050	1,290	4,765
Diphtheria (reinforcing injections)	308	493	728	895	2,424

The ages at the time of completion of immunisation with combined diphtheria-pertussis prophylactic during 1952 were as follows :—

AGE-PERIODS	IMMUNISED PERSONS
Under 1 year	374
1—2 years	354
2—3 years	45
3—4 years	15
4—5 years	10
5 years and over	3
Total	801

These 801 persons were immunised by general practitioners as well as by Local Health Authority staff at clinics.

#### (10) *Ambulance Service*

The St. John Ambulance Brigade have operated the ambulance services under Section 27 of the National Health Service Act, 1946, on behalf of the Local Health Authority since 5th July, 1948. The agreement covers infectious disease cases as well as general ambulance work and accidents.

The Local Authority are represented on the Brigade Transport Committee.

The following summarises the work during the past four years :—

YEAR	VEHICLES	WHOLE-TIME DRIVERS AND ATTENDANTS	JOURNEYS	PATIENTS CARRIED	TOTAL MILEAGE
1949	10	10	10,280	11,685	125,550
1950	8	9	10,175	11,549	97,423
1951	9	12	10,542	12,543	97,860
1952	8	12	12,083	13,661	105,370

The paragraphs which follow indicate how the economical use of the County Borough ambulances has been ensured :—

More than half the ambulance work is in connection with Northampton General Hospital. For this reason a Transport Officer was appointed in April, 1950, to the staff of the Hospital Management Committee to receive all calls for transport from the local hospitals and arrange for patients having a common destination to travel together, etc.

In May, 1950, the Northamptonshire County Council undertook to return home to the County patients from Northampton County Borough rather than the County Borough ambulances doing the removals and the cost being claimed from the County Council. Here again, the services of the Transport Officer are utilised.

No road journeys beyond a radius of fifty miles from Northampton are undertaken unless they are specially authorised by the Medical Officer of Health.

Since January, 1950, railway facilities have been used for the longer journeys, wherever possible, to the extent shewn below :—

YEAR	JOURNEYS	MILEAGE
1950	50	5,042
1951	65	6,436
1952	52	6,008

#### (11) *Prevention, Care and After-care*

(a) TUBERCULOSIS. Contacts of newly notified cases of tuberculosis are urged by officers of the Local Health Authority to be examined at the Chest Clinic and over 80 per cent. attend. In appropriate cases B.C.G. vaccination is performed under the Council's proposals approved by the Minister of Health in July, 1950.

As regards co-ordination with the diagnostic and treatment services, records of contacts and B.C.G. vaccinations are supplied to the Medical Officer of Health. The Consultant Chest Physician has an interview each month with the Medical Officer of Health relative to the Council's side of the tuberculosis service.

(b) ILLNESS GENERALLY. The health visitors investigate and advise in appropriate cases on receipt of information from hospitals, doctors, etc. Only limited use has been made of these facilities so far.

Persons for recuperative convalescence have been sent to suitable homes, mostly on the South coast, for two or three weeks. They are assessed to contribute towards the cost according to the scale agreed between the Association of Municipal Corporations, the County Councils Association, and the London County Council. The numbers dealt with are given below :—

YEAR	PERSONS
1949	5
1950	13
1951	7
1952	8



(c) MENTAL HEALTH. *See* paragraph (14).

(d) OCCUPATIONAL THERAPY. This has been available for two years to tuberculous persons and cases referred by medical practitioners under Section 28 of the National Health Service Act, 1946, also to persons in residential accommodation under Part III. of the National Assistance Act, 1948. The following were on prescription on 31st December, 1952:—

Tuberculous patients	21
General patients	17
Residents in Part III. Accommodation	25
	—
Total	63
	—

### (12) *Domestic Help*

The approved scheme under Section 29 of the National Health Service Act, 1946, was really an expansion of a home help scheme begun in March, 1943, in connection with the maternity and child welfare scheme. An Organiser and one clerk are employed whole time. The following tabulation shews the extent of the service during the last four years :—

YEAR	WHOLE-TIME HELPS	PART-TIME HELPS	CASES HELPED
1949	5	31	240
1950	8	39	420
1951	6	35	320
1952	7	35	348

Charges appropriate to the means of the user are made in accordance with a local scale.

There are no facilities in Northampton for the training of home helps, but the Organiser has attended a refresher course held elsewhere.

### (13) *Health Education*

Mothers attending child welfare clinics are instructed and advised by doctors and health visitors of the Health Department staff on a variety of health education subjects.

In a Lecture Week organised by the Northampton Maternity and Infant Welfare Voluntary Association in December, 1952, the Medical Officer of Health, the Deputy Medical Officer of Health, and both Assistant Medical Officers of Health gave lectures and took part in the discussions. One evening was devoted to "Accidents in the Home." No leaflets or posters are specially prepared locally ; use is made of literature from various national associations.

Lectures and talks have also been given on request by other members of the Health Staff for the benefit of groups of interested persons or public organisations.

The Medical Officer of Health also addressed the company at a tea given on 14th October, 1952, to about 160 voluntary workers in the maternity and child welfare service.

#### (14) *Mental Health*

##### (i) ADMINISTRATION

- (a) The Mental Services Sub-Committee of the Health Committee continued to be responsible for the Mental Health Services until June, 1952, when the Health Services Sub-Committee of the Health Committee assumed responsibility. Meetings are held monthly.
- (b) The Medical Officer of Health (Dr. C. G. Payton, M.D., Ch.B., D.P.H.) is responsible for the administration and medical direction of the mental health services.

The Medical Officer of Health, Deputy Medical Officer of Health (Dr. R. J. Donaldson, M.B., B.Ch., B.A.O., D.P.H.), and an Assistant Medical Officer of Health (Dr. R. T. Hicks, O.B.E., M.R.C.S., L.R.C.P.) are all certifying officers under the Mental Deficiency Acts, 1913—1938.

The staff of the Mental Health Sub-Department consists of two mental health officers and a clerk, all of whom are designated duly authorised officers under the Lunacy and Mental Treatment Acts, 1890—1930. No psychiatric social worker is employed.

The staff of the Handicraft Centre consists of a Supervisor, who holds a Board of Education Acting Teacher's Certificate, and three assistant supervisors.

- (c) At present, Northampton County Borough Council have no scheme with any other authority for the joint use of officers. Patients on licence from institutions for mental defectives are supervised by the Mental Health Officers, if this action is requested by the management of the institutions concerned. Cases allowed leave of absence from St. Crispin Hospital, Duston, Northampton, are supervised by the psychiatric social worker attached to the hospital.
- (d) No duties are delegated to voluntary associations.
- (e) No arrangements have been initiated for the training of mental health workers or handicraft centre staff.



## (ii) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

## (a) Section 28, National Health Service Act, 1946 :—

Great use of the Mental Health Service and many calls upon the staff have been made by medical practitioners and the public. A twenty-four hour service is maintained throughout the year.

Many patients have been referred to psychiatric out-patient clinics by the Duly Authorised Officers ; some of these patients have responded to early psychiatric treatment and action under the Lunacy and Mental Treatment Acts, 1890—1930, was thus avoided. The Duly Authorised Officers often act as a link between the patient, the medical practitioner, and the psychiatric out-patient clinic.

A great amount of social work has been done by the Mental Health Officers, especially in matters of rehabilitation and the finding of accommodation and suitable employment for patients who have been effectively treated in mental hospitals. In new cases it was necessary for the Duly Authorised Officers to visit the patients' homes to seek information and on all occasions advice and guidance were given to relatives.

Consequent upon Ministry of Health Circular 5/52 dated 21st January, 1952 (Short-term Care of Mental Defectives in Cases of Urgency), an amendment to the scheme under Section 28 of the National Health Service Act, 1946, was submitted to the Minister and was approved on 9th October, 1952. Subsequently, two children were dealt with under this amended scheme.

## (b) Lunacy and Mental Treatment Acts, 1890—1930 :—

The following statistics summarise the work undertaken in the community by the duly authorised officers during 1952:—

	MALES	FEMALES	TOTALS
Examined by Doctor and Magistrate .....	3	5	8
Certified and removed to St. Crispin Hospital	3	2	5
Certified and removed to other hospitals.....	—	3	3
Cases examined by Magistrate .....	30	30	60
Admitted to St. Crispin Hospital on 14-Day Orders .....	21	25	46
Order made, but patient died before admission	—	1	1
No Order made .....	9	4	13
Admitted to St. Crispin Hospital on 3-Day Orders .....	13	6	19

## (c) Mental Deficiency Acts, 1913—1938 :—

(i) Most of the mental defectives are ascertained by medical officers of the School Health Service and notified under the Education Act, 1944, Section 57, subsections (3) and (5). Occasionally, cases are notified by general practitioners, social workers, and other organisations exercising functions in the social field.



During 1952, 24 new cases were notified from the following sources:—

Local Education Authority .....	19
Other sources .....	5
Total .....	<u>24</u>

These were dealt with as follows :—

Placed under statutory supervision .....	21
Placed under voluntary supervision .....	2
Admitted to an institution .....	1
Total .....	<u>24</u>

On 31st December, 1952, there were 203 cases under statutory supervision and 63 cases under voluntary supervision. Routine supervision visits are paid to statutory supervision cases and yearly inquiries regarding voluntary supervision cases are made by the Mental Health Officers. The following visits were paid during 1952 :—

To statutory supervision cases .....	768
To voluntary supervision cases .....	258
Total .....	<u>1,026</u>

(ii) At the end of 1952, there were two cases under Guardianship. One of these cases is employed in Northampton County Borough, but resides in the County of Northampton and supervision is exercised by Northamptonshire County Council on behalf of this Authority. The other case receives a weekly grant from the local health authority, which is supplemented by an allowance from the National Assistance Board, and attends the Handicraft Centre.

(iii) A full-time Handicraft Centre is in operation and there were 47 defectives on the register on 31st December, 1952. This number was composed as follows :—

	MALES	FEMALES	TOTALS
Juniors (under 16 years) .....	13	11	24
Seniors .....	8	15	23
Totals .....	<u>21</u>	<u>26</u>	<u>47</u>

No home teaching is undertaken.

#### IV.—SANITARY CIRCUMSTANCES

**Water.** Particulars relating to the waterworks at Teeton and Hollowell and the sources of the public water supply of Northampton County Borough and district have been given in previous reports. The water is treated with charcoal for undesirable flavour, filtered, and chlorinated, so that it reaches a high degree of bacteriological purity.

This water undertaking is managed by the Mid-Northamptonshire Water Board, of which Northampton County Borough are a constituent authority.

It must be made quite clear, however, that under Section 28 of the Water Act, 1945, it is the duty of every local authority to take from time to time such steps as may be necessary for ascertaining the sufficiency and wholesomeness of water supplies within their district, etc.

101 samples collected from various points of supply within the County Borough were submitted for bacteriological examination and a satisfactory report was received in each instance.

The average daily consumption of water in the County Borough is estimated to be about 25 gallons per head of the population.

Only a very few houses are not supplied direct from the public mains.

Approximately half the houses are without baths and 9,000 closets lack water-flushing apparatus.

**Drainage and Sewerage.** Table 6, page 83, gives particulars of house drains reconstructed during 1952.

Chiefly as a result of rat complaints, existing drains are tested and repaired under the supervision of the district sanitary inspectors, new drainage and reconstructions being the responsibility of the Borough Engineer.

The sewerage system of the County Borough was described in the report for 1933 after the construction of the new outfall sewer and the works at Ecton, where after screening and sedimentation the sewage is subjected to land treatment and finally discharged into the River Nene. The effluent before discharge is under constant supervision and examination by the resident chemist.

There are still a few properties on the outskirts of the County Borough not connected to the main system, but none of these gave rise to complaints.

**Rivers, Streams, and Watercourses.** No complaints were received during the year and at no time did conditions arise to cause a nuisance.

**Public Cleansing.** This continues to be efficiently carried out under the direction of the Borough Engineer. Collections of household refuse and salvage are made twice weekly.



**District Inspection.** Table 5, page 81, summarises the work of the sanitary inspectors. 15,415 inspections and visits were made during 1952.

**Smoke Abatement.** Of the complaints received, the chief causes were : (1) burning of trade waste by shoe factories, (2) unsatisfactory fuel, (3) bad stoking, and (4) overloading and bad management of plant.

In every case the district sanitary inspectors gave advice and had full co-operation from managements. Taking into consideration the bad siting of many boilers, it is felt that smoke nuisance in the County Borough is kept at a practical minimum.

There are no byelaws in operation relating to the emission of black smoke.

**Swimming Baths.** Northampton is well supplied with swimming facilities, both open-air and indoor. The Public Baths, Upper Mounts, is a modern establishment, whilst the open-air swimming pool, known as Midsummer Meadow Baths, is a large sheet of water with pleasant surroundings. In addition, there is an indoor bath at Barry Road School.

The open-air baths are subject to regular inspection during hot weather. Four samples were taken.

**Disinfestation Service.** Insect problems of all types are dealt with by the municipal disinfestation service. Gammexane and D.D.T. compositions are used and applied by a 30 lb. pressure spray and powder blower. Bedding, etc., is dealt with in a steam disinfector.

**Charges :** For ordinary dwellinghouses, a flat rate of five shillings per room, with a maximum charge of £2 per house. For infestations of bed bugs and fleas, which are certified by the sanitary inspectors as requiring attention in the public interest, no charge is made.

Treatment of business premises is carried out by contract or after survey and estimate of cost has been prepared for special solutions which may have to be purchased or made up to deal with the particular problem.

The information below regarding the eradication of bed bugs is set out in the form required by the Ministry of Health :—

- (1) During 1952, infestations of bed bugs were found in 16 Council houses and 33 other houses.
- (2) Methods of disinfestation employed—*see first paragraph.*
- (3) The furniture and effects of tenants from 23 bug-infested houses were treated prior to removal to Council houses.
- (4) The work of disinfestation is carried out by the Disinfestation Officer under the supervision of the sanitary inspectors.
- (5) Remedial measures are explained to tenants when premises are treated, so as to prevent re-infestation ; 57 check visits were made.



**Schools.** The sanitary condition of schools was kept under observation.

**Canal Boats.** The following is extracted from the annual report under Section 249 (3) of the Public Health Act, 1936, prepared for the Ministry of Health.

The number of boats inspected during 1952 was 78. No registration certificates were produced for 2 boats and the remainder were registered to carry 217 adults. The actual number of occupants was 100 adults and 60 children. Minor repairs were required on 1 boat, 16 required repainting, and 2 needed issue or replacement of registration certificates. No legal proceedings were taken. Letters were sent to the Docks and Inland Waterways Executive respecting these infringements.

No case of infectious disease was notified and no boat was detained for disinfection. No boats were registered during the year ; the number on the register, and believed to be in use, is three.

**Common Lodging Houses.** At the end of the year there were only two common lodging houses on the register, viz :—

PREMISES	ACCOMMODATION (MEN)
38/40 Compton Street .....	8
5 St. Andrew's Street .....	34
	—
Total .....	42
	—

The Inspector of Common Lodging Houses kept these premises under frequent supervision.

**Factories.** Table 9 (page 87) gives particulars of premises on the register and work done under the Factories Act, 1937, in the form prescribed by the Ministry of Labour and National Service.

**Offensive Trades.** At the end of December, 1952, there were twelve names on the register, viz :—

Fat melter .....	1
Rag and bone dealers .....	8
Bone dealer .....	1
Tripe boiler .....	1
Tripe boiler, fat melter, and gut scraper .....	1

All these offensive trades were kept under supervision by the district sanitary inspectors. They were conducted satisfactorily and no complaints were received.

**Tents, Vans, Sheds, etc.** There are no tent or shack dwellers permanently in the County Borough. One camping site of twenty-five acres on the outskirts of the town is licensed for use by not more than twelve trailer caravans. Municipal car parks are occasionally used by variety artistes and circus performers.

**Rag Flock and Other Filling Materials.** No flock is manufactured in Northampton, but eight premises are registered where flock is used. No samples were taken.

**Rodent Control.** The full-time Rat-catcher works under the supervision of the Chief Sanitary Inspector. His advice and help are at the service of the occupier of any dwellinghouse, free of charge, whereas a charge is made in respect of business premises.

Only poisons approved by the Ministry of Agriculture and Fisheries are used. These are zinc phosphide and arsenic for sewer treatments and Warfarin for surface infestations. Ratlime has proved very successful for mice ; it is a pity that some occupiers of food premises keep cats as a means of controlling mice.

1,244 visits were made by the Rat-catcher in addition to 531 visits by sanitary inspectors. There were 93 poison baitings and 1,808 rat bodies were picked up.

During the sewer treatments, 1,887 manholes were baited and 1,170 of these shewed complete or part takes and were subsequently poisoned.

**Fertilisers and Feeding Stuffs.** Seven formal samples were taken during 1952. In three instances the statutory statements were incomplete. On another occasion a manufacturer failed to supply a statutory statement with a parcel of sulphate of ammonia ; a warning letter was sent by the Town Clerk.

## V.—HOUSING

**Council Houses.** The present position of the municipal housing schemes is given below :—

Number of Council houses completed during 1952 .....	366
Total number of houses erected for the Corporation up to 31st December, 1952 (exclusive of 250 temporary bungalows) .....	6,739



**Other Houses.** The following private building operations relating to housing, plans for which had been approved by the Council, were carried out during the year :—

Dwellinghouses erected under licence (private enterprise) .....	123
Conversion of houses into flats (number of family units) .....	17
Conversion of one house into two houses .....	1
Conversion of de-licensed premises into two houses .....	2
Conversion of house into offices with flat over .....	1
Conversion of house, shop, and bakehouse into house, shop, and flat .....	1
Conversion of house into shop and house .....	1
Conversion of first floor of shop into flat .....	1
Conversion of shop and house into lock-up shop with flat over .....	2
Extensions to dwellinghouses .....	49
New private garages .....	129

**Unfit Houses.** (Tables 7 and 8, pages 83 and 85). 52 individual houses were represented as unfit under Section 11 of the Housing Act, 1936, Demolition Orders being made in 17 instances, undertakings not to relet being accepted for 33, and action in the remaining 2 being under consideration at the end of the year (*see* Table 7).

Table 8 gives the condition at the end of 1952 of 61 houses represented during recent years which had not been finally dealt with.

24 houses were demolished. 207 persons were rehoused by the Corporation from 54 houses. 17 represented houses were still occupied at the end of 1952.

This progress is good and a definite impression is being made on a major housing problem.

**Repairs to Property.** Table 5 (page 81) gives particulars of the work of the sanitary inspectors relative to housing.

Property repairs are dealt with under the nuisance sections of the Public Health Act, 1936, 407 informal and 192 statutory notices being served. 85 informal and 37 statutory notices were outstanding at the end of 1952. The low rentals of controlled houses compared with the high cost of building repairs is a serious obstacle which must be overcome if the life of existing properties is to be preserved, otherwise their deterioration may outweigh the benefits of building new houses.

**Prosecutions.** Legal proceedings were necessary on one occasion to enforce the repair of property. £2 2s. 0d. costs were granted.

Other prosecutions are dealt with in paragraphs headed “ Domestic Help ” on page 24 and “ Sampling of Food and Drugs ” on page 50.



**Overcrowding.** Cases of overcrowding continue to be brought to notice. There were 32 known cases, involving 226 persons, at the end of 1952, most of them being of a minor character when measured by legal standards.

**Sufficiency of Supply of Houses.** The waiting list for Council houses on 17th January, 1953, comprised 3,579 applicants, classified as follows :—

Living in rooms (local) .....	2,172
Tenants of houses (local) .....	669
Single persons .....	22
Awaiting marriage .....	18
For flats with one bedroom .....	336
For aged persons' bungalows .....	60
Resident outside the County Borough .....	302
Total .....	3,579

**Housing Statistics.** The particulars for 1952 are set out below in the form required by the Ministry of Health :—

1.—*Inspection of Dwellinghouses.*

(1) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts) .....	1,047
(2) Number of dwellinghouses (included under sub-head (1) above) inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 .....	87
(3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .....	52
(4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .....	407

2.—*Remedy of Defects without Service of Formal Notices.*

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers .....	130
--	-----

3.—*Action under Statutory Powers.*

A.—Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936 :—

(1) Number of dwellinghouses in respect of which notices were served requiring repairs .....	0
--	---

(2) Number of dwellinghouses rendered fit after service of formal notices :—	
(a) By owners .....	0
(b) By Local Authority in default of owners .....	0
B.—Proceedings under Public Health Acts :—	
(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	192
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :—	
(a) By owners .....	228
(b) By Local Authority in default of owners .....	0
C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—	
(1) Number of dwellinghouses in respect of which Demolition Orders were made .....	36
(2) Number of dwellinghouses demolished in pursuance of Demolition Orders .....	24‡
D.—Proceedings under Section 12 of the Housing Act, 1936:—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	0
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .....	0
4.— <i>Housing Act, 1936.—Part IV.—Overcrowding.</i>	
A.—(1) Number of dwellings overcrowded at the end of the year .....	32
(2) Number of persons dwelling therein .....	226*
B.—Number of new cases of overcrowding reported during the year .....	28
C.—(1) Number of cases of overcrowding relieved during the year .....	32
(2) Number of persons concerned in such cases .....	176*
D.—Particulars of any cases in which dwellinghouses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding.....	Nil
E.—Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report .....	†

\* Equivalent number of units =  $184\frac{1}{2}$  and  $148\frac{1}{2}$  respectively.

† See paragraph on "Overcrowding" on page 45.

‡ Includes 8 houses not subject to Demolition Orders, although officially represented.



**Other Housing Matters.** Reference should be made to Section III. "Sanitary Circumstances" for other information bearing on housing.

The estimated number of inhabited houses in the County Borough on 31st December, 1952, was 31,700. For a population of 103,700 this is equivalent to an average of 3.3 persons per house.

It is recorded that 1,353 questionnaires were answered for the Town Clerk's Department under the Land Charges Act, 1925.

## VI.—INSPECTION AND SUPERVISION OF FOOD

**Milk and Dairies.** At the end of 1952 the following entries were in the register kept under the Milk and Dairies Regulations, 1949 :—

Dairy premises .....	45
Milk distributors .....	152

**Designated Milk.** The following licences were in operation at the end of 1952 :—

### Tuberculin Tested Milk

Dealer's licence authorising the use of the special designation "tuberculin tested" (including six bottling establishments) .....	24
---	----

### Pasteurised Milk

Dealer's (pasteuriser's) licence authorising the use of the special designation "pasteurised" .....	7
Dealer's licence authorising the use of the special designation "pasteurised" .....	91

### Sterilised Milk

Dealer's licence authorising the use of the special designation "sterilised" .....	103
--	-----

541 samples of milk were submitted for examination during 1952, viz :—133 tuberculin tested (pasteurised), 346 pasteurised, 52 sterilised, and 10 ordinary raw milk. Seven samples failed to pass the methylene blue test.

All the pasteurised and tuberculin tested (pasteurised) samples were submitted to the phosphatase test ; all reached the required standard. All the samples of sterilised milk were subjected to the turbidity test ; each was satisfactory.

Particulars regarding the defaulting samples were reported to the Area Milk Officer, as requested by the Ministry of Food.

**Tubercle Bacilli in Milk.** Ten samples of ordinary raw milk were submitted in 1952 for biological examination for the presence of tubercle bacilli. All passed the guinea pig test and were thus satisfactory.



**Meat and Food Inspection.** (Tables 10 and 11, pages 89 and 90). This is primarily the duty of three sanitary inspectors, who work on a rota and also operate a district between them.

Three Government controlled slaughterhouses are used, where animals are killed not only for Northampton County Borough, but also for Northampton Rural District, Birmingham, Coventry, Leicester, and London. The export of this meat from Northampton to these areas causes inspection difficulties, because killing often takes place on Sundays, which means that for several months of the year a seven-day week meat inspection service is in operation ; nevertheless, it was possible to maintain 100 per cent. inspection. At these three slaughterhouses, 52,312 animals were killed.

Eighteen cases of *cysticercus bovis* (tapeworm) were discovered, but all lesions were calcified and confined chiefly to the external masseter muscle. No carcase meat was condemned on this account.

The transportation of meat is maintained at a high standard, every vehicle being washed out daily with an approved sterilising agent. Occasional complaints were received about the drivers' clothing, which on inspection was found to be unavoidably greasy due to handling home killed meat, and not dirty as may be alleged by the layman. All quarters of meat for export to other areas are wrapped in muslin ; if meat for local distribution were also wrapped, there would be very little room for improvement.

998 tons of imported meat were distributed from the two depots and whilst the quality generally was good, the condition of some of the Canterbury lamb and Argentine pork was, to a degree, stale. Although very little meat was condemned on this account, it would appear that food is being offered for sale which has deteriorated since arrival in this country. The main objection to meat in this condition is that it has a flavour distasteful to the palate.

Other foods condemned included a small percentage of the throughput of wet fish due to delay on the railway during hot weather, and tins, jars, and packets of foodstuffs, mainly from provision merchants.

**Seizure of Unsound Food.** It was not necessary to seize any unsound food, but 3,107 surrender notes were issued (*see* Table 10, page 89).

**Slaughterhouses.** At the end of the year there were eleven slaughterhouses on the register, three of which were under the control of the Ministry of Food. Of the remainder, a few were used for the slaughter of goats and private pigs, 35 animals being killed there during the year.

The need for a public abattoir increases annually with the improvement in slaughtering technique and modern methods of handling meat and offals, but it is difficult to implement new recommendations in existing premises which were never built to cope with the increased throughput of today.

**Slaughter of Animals.** At the end of 1952 the names of 57 slaughtermen were on the register kept under the Slaughter of Animals Acts, 1933 and 1951.

**Bakehouses.** At the end of the year there were 45 bakehouses on the register, which were subject to routine inspection.

**Butter and Margarine.** Under Section 34 of the Food and Drugs Act, 1938, the following registrations were in operation at the end of 1952 :—

Butter factories .....	2
Wholesale dealers in margarine .....	24

**Ice Cream.** At the end of 1952, the following registrations of ice cream premises were in operation :—

GROUP I.	Storing and selling prepacked ice cream .....	228
GROUP II.	Storing and selling bulk ice cream .....	16
GROUP III.	Manufacturing, storing, and selling cold mix ice cream .....	19
GROUP IV.	Manufacturing, storing, and selling hot mix ice cream .....	5
Total .....		268

63 samples were submitted to the Public Health Laboratory for bacteriological examination.

**Food Premises.** All types of food premises are regularly inspected, particular attention being paid to restaurants and other premises where food is prepared. The use of detergents and sterilising agents is encouraged. Generally speaking, food traders are aware of the potential danger, not only to health but to their livelihood, which may result from selling food which has been contaminated. A general improvement in the standard of food premises was noticed.

**Food Poisoning.** 43 cases of food poisoning were notified under Section 17 of the Food and Drugs Act, 1938, in Northampton County Borough during 1952. This is equal to an attack-rate of 0.41 per thousand of the population, compared with 0.13 for England and Wales.

27 of these in the first five days of the year formed part of an outbreak of 61 cases commencing on 27th December, 1951, due to meat pies infected with *Salmonella minnesota*, dealt with on pages 39 to 41 of last year's report.

Of the remaining 16 cases, 12 were single cases, 10 of them from an unknown source. There was strong suspicion that the infecting agent in two cases was tinned braised kidneys.

Four others occurred in an outbreak confined to the members of one household, but the cause was not discovered.



**Sampling of Food and Drugs.** (Table 12, page 91). 337 samples (including 99 informal) were taken by the sanitary inspectors under the Food and Drugs Acts, 1938 to 1950. This work is done on a rota and samples are taken on a basis of 3 per 1,000 population, at least one-third being milks.

Sampling includes enforcement of the provisions of the Labelling of Food Order and the various food standards regulations.

The nature of the samples submitted to the Public Analyst is given in Table 12. 28 samples (8.3 per cent.) were found to be not genuine. The action taken regarding them was as follows :—

Sample No. 31. Pork sausages deficient in meat to the extent of 15.0 per cent. Warning letter sent to vendor.

No. 68. Milk 1.4 per cent. deficient in solids not fat. Warned.

No. 72. Milk 4.6 per cent. deficient in solids not fat and 19.0 per cent. deficient in milk-fat. Letter sent to producer and Milk Marketing Board also informed. Public Analyst came to the conclusion after a detailed examination, including freezing point, that the cows were yielding abnormal milk and that there was no evidence of adulteration.

No. 73. Milk 2.6 per cent. deficient in solids not fat. Action and remarks on sample 72 above are applicable.

No. 74. Milk 2.35 per cent. deficient in solids not fat. *See* No. 72.

No. 75. Milk 2.33 per cent. deficient in solids not fat and 14.34 per cent. deficient in milk-fat. *See* No. 72.

No. 76. Milk 2.23 per cent. deficient in solids not fat and 4.34 per cent. deficient in milk-fat. *See* No. 72.

No. 77. Milk 5.3 per cent. deficient in solids not fat and 17.0 per cent. deficient in milk-fat. *See* No. 72.

No. 78. Milk 4.36 per cent. deficient in solids not fat. *See* No. 72.

No. 82. Milk 2.0 per cent. deficient in solids not fat and 8.67 per cent. deficient in milk-fat. *See* No. 72.

No. 83. Milk 1.0 per cent. deficient in solids not fat. *See* No. 72.

No. 173. Channel Islands' milk 4.75 per cent. deficient in milk-fat. Referred to Ministry of Food ; follow-up sample genuine.

No. 181. Milk containing 8.3 per cent. of added water. Warned.

No. 191. Milk 32.6 per cent. deficient in milk-fat. Vendor fined £10, with £2 2s. 0d. costs.

No. 235. Milk containing 24.3 per cent. added water and 26.7 per cent. deficient in milk-fat. *See* No. 251 below.

No. 236. Milk containing 18.8 per cent. added water. *See* No. 251.

No. 237. Milk containing 1.2 per cent. added water. *See* No. 251.

No. 238. Milk containing 33.6 per cent. added water and 31.3 per cent. deficient in milk-fat. *See* No. 251.



No. 247. Milk containing 15.5 per cent. added water. *See* No. 251.

No. 249. Milk containing 14.2 per cent. added water. *See* No. 251.

No. 250. Milk containing 9.9 per cent. added water. *See* No. 251.

No. 251. Milk containing 22.7 per cent. added water and 3.0 per cent. deficient in milk-fat. Producer fined £14, with £2 2s. 0d. costs. Prosecution covered defaulting samples 235, 236, 237, 238, 247, 249, 250, and 251.

No. 265 (informal). Baking powder containing only 6.5 per cent. available carbon dioxide instead of 8.0 per cent. Stock surrendered and destroyed.

No. 273 (informal). Celery cheese spread containing excess moisture and deficient in fat. Letter sent to manufacturer.

No. 311. Milk containing 2.8 per cent. added water and 51.3 per cent. deficient in milk-fat. Action pending relative to samples 311, 317, 318, and 319. Further samples being taken.

No. 317. Milk deficient in milk-fat to the extent of 17.0 per cent. *See* No. 311.

No. 318. Milk containing 3.0 per cent. added water and deficient in milk-fat 29.3 per cent. *See* No. 311.

No. 319. Milk 7.6 per cent. deficient in milk-fat. *See* No. 311.

The average fat content of 147 samples of genuine milk was 3.46 per cent. and the non-fatty solids 8.76 per cent., both figures being well above the minimum prescribed in the Sale of Milk Regulations, 1939, *viz* : 3.0 per cent. milk-fat and 8.5 per cent. non-fatty solids. Five genuine samples of Channel Islands' milk are omitted from the above calculations.

Preservatives were not detected in any of the milks sent for analysis.

**Shell-fish.** Mussels sold in this County Borough come mainly from Boston and King's Lynn, a large proportion being imported. Routine samples of raw and cooked mussels are taken on arrival for bacteriological examination. If the report is unsatisfactory, the appropriate Medical Officer of Health is informed.

## VII.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

**Measles.** 2,318 notifications of measles were received. The attack-rate for Northampton was 22.35, while for England and Wales it was 8.86. There were no deaths.

**Rubella.** This disease, commonly called German measles, is not usually notifiable, but information concerning its incidence amongst the school population is collected week by week from returns of suspected illness rendered by head teachers. It appears from these returns that 1952 was an epidemic year :—

YEAR	SUSPECTED CASES REPORTED FROM SCHOOLS
1947 .....	33
1948 .....	20
1949 .....	7
1950 .....	10
1951 .....	23
1952 .....	879
Total .....	<hr/> 972 <hr/>

There is evidence that in 1952 large numbers of the adult population were also affected. The cases occurred mainly in May, June, and July. The disease was even more prevalent early in 1953.

**Whooping Cough.** 290 notifications of whooping cough were received. The attack-rate was 2·80 ; for England and Wales it was 2·61. There were no deaths.

Prophylactic whooping cough vaccine and a combined diphtheria-pertussis prophylactic are available for the use of general practitioners free of charge on application to the Health Office.

**Influenza.** This is not a notifiable disease, consequently knowledge of its incidence is not very exact. Three deaths were certified as due to influenza, giving a death-rate of 0·03, compared with 0·04 for England and Wales.

**Acute Poliomyelitis.** This disease is commonly called “infantile paralysis.” Cases are notified as “paralytic” or “non-paralytic.” “Paralytic” means that there are, or have been, signs of weakness or paralysis of muscles, either permanent or transient. “Non-paralytic” denotes that there have been no such signs.

Only one case was notified, equal to an attack-rate of 0·01 (England and Wales 0·09). This is the lowest number locally for six years.

The patient was a man of twenty years, classed as “paralytic.” He was in Harborough Road Hospital for nineteen days before transfer to Manfield Orthopædic Hospital on account of weakness of arms and legs.

**Paratyphoid Fever.** Eleven cases of paratyphoid B were notified. They all occurred in the summer months and no common source of infection could be traced, although exhaustive investigations were undertaken and articles of prepared foods submitted for bacteriological examination.



**Dysentery.** Three cases of dysentery were notified, two of which were described as Sonne dysentery.

**Malaria.** One notification of malaria was received. It related to a Serviceman infected abroad.

**Erysipelas.** 28 cases of erysipelas were notified. The local attack-rate was 0·27, while for England and Wales it was 0·14.

**Smallpox.** No suspected cases of smallpox came to notice, although several contacts were under surveillance in the County Borough during 1952.

**Vaccination.** Under the arrangements in accordance with the National Health Service there were 392 vaccinations (including 250 under one year of age) and 178 re-vaccinations during 1952. No cases were specially reported of generalised vaccinia or post-vaccinal encephalomyelitis, nor were there any deaths from other complications of vaccination.

**Scarlet Fever.** 296 notifications of scarlet fever were received. The local attack-rate was 2·85, while that for England and Wales was 1·53. 191 of these cases were treated in Harborough Road Hospital.

**Diphtheria.** One case of diphtheria was notified in March, the attack-rate being 0·01, the same as for England and Wales. This was the first case recorded in Northampton County Borough since November, 1948.

It occurred in an unimmunised boy nearly five years of age who had just started school. He was a mild case and was an inmate of Harborough Road Hospital for 26 days. The type was *gravis*.

**Immunisation against Diphtheria.** The number of children under five years of age immunised against diphtheria was 1,146 ; similarly, 144 children aged between five and fifteen were dealt with, making a total of 1,290 who completed the course during 1952. 895 children received reinforcing injections.

There is record that 3,899 children under five years of age, of an estimated population of 7,900 in this age-group, had completed a full course of immunisation up to 31st December, 1952, equal to 49·4 per cent. In the age-group five to fourteen years inclusive the number immunised was 11,725 out of an estimated population of 14,200, or 82·6 per cent. Total for all children under fifteen years of age : number immunised = 15,624 out of an estimated population of 22,100, a percentage of 70·7.

Immunising material, including a combined diphtheria-pertussis prophylactic, is available to general practitioners free of charge on application to the Health Office.

**Pneumonia.** 67 notifications of primary or post-influenzal pneumonia were received. The local attack-rate was 0·65, while the corresponding rate for England and Wales was 0·72. 40 deaths were ascribed to pneumonia, giving a local death-rate from this cause of 0·39 ; for England and Wales the rate was 0·47.

**Puerperal Pyrexia.** 86 notifications of puerperal pyrexia were received. 53 of these related to non-residents. The attack-rate per thousand total births was 57·10, compared with 17·87 for England and Wales. All but four of the women were treated in hospital. 77 of the confinements had taken place in institutions and 9 at home.

“ Puerperal pyrexia ” is defined as “any febrile condition occurring in a woman in whom a temperature of 100·4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days after childbirth or miscarriage.”

**Ophthalmia Neonatorum.** One case of ophthalmia was notified, the first notification for five years. The discharge commenced on the tenth day and cleared up satisfactorily, without impairment of vision, in a few days after treatment at home.

**Infective Jaundice.** It became evident towards the end of April, 1952, that this disease was unduly prevalent in one of the primary schools in the suburbs. Registered medical practitioners were advised and invited to report cases occurring in their practices. Precautions were taken at the school in question and head teachers of all schools were circularised. A memorandum on “infective jaundice” was also prepared and distributed. The Ministry of Health were kept informed.

Contrary to expectations, the outbreak did not immediately develop, but flared up in the autumn, the monthly incidence of the 128 cases reported being as follows :—

January .....	1
February .....	—
March .....	1
April .....	19
May .....	12
June .....	6
July .....	5
August .....	5
September .....	10
October .....	24
November .....	22
December .....	23
Total .....	128

112 of these were school children. The outbreak continued into 1953.



**Venereal Diseases.** The Special Clinic for venereal diseases held at Northampton General Hospital is under the administrative control of the Northampton and District Hospital Management Committee.

The times at which the clinics are held at Northampton General Hospital are given on page 22.

During 1952, new cases from Northampton County Borough totalled 103 (7 syphilis, 21 gonorrhœa, and 75 other conditions).

**Cancer.** (Table 14, page 92). The number of cancer deaths in Northampton during 1952 was 203, giving a local death-rate from this cause of 1·96 ; for England and Wales it was 1·99. Table 14 gives comparable figures for the last ten years.

**Bacteriology.** Table 13, page 92, gives particulars of clinical bacteriology. All bacteriological work for the Department is now done at the Public Health Laboratory, Northampton General Hospital.

**Disinfection.** The number of articles dealt with at the Disinfecting Station, St. Andrew's Road, was 256.

**Scabies.** Facilities are available for the treatment of scabies. Seven cases were treated.

## VIII.—TUBERCULOSIS

**General Remarks.** At the present time there is no single measure by which tuberculosis can be eradicated. Of the many measures by which this may ultimately be achieved, the most important are already well known. Thus by industriously and resolutely applying the cardinal rules for early diagnosis, really adequate and enlightened treatment, and above all the education of the public in preventive measures, it should be possible to reduce tuberculosis to negligible proportions. To pay lip service to such ideals is quite hopeless. If the effort is to be successful, both the public and private conscience must be stirred and mass social and individual effort is required to co-operate with medical recommendations. So that those who are interested in public health matters may really get some idea of the work carried out along these lines (apart from that recorded in later paragraphs), in the area administered by Northampton County Borough Council, a brief summary follows :—

Consultations .....	2,185
New out-patients .....	1,456
Home contacts of new cases .....	427
Number of these contacts examined .....	311
Contacts examined of patients previously notified .....	614
Mantoux tests .....	832
Jelly tests .....	10
X-ray examinations : Radiographic film .....	2,697
Fluorographic screen .....	2,545
A.P. (artificial pneumothorax) refills .....	704
P.P. (pneumoperitoneum) refills .....	653
Pathological specimens .....	902
Home visits : By nurses .....	1,192
By medical staff .....	395
Total number of attendances by patients .....	6,872

As the years go by, prevention of tuberculosis should become the main way by which this disease is virtually eliminated. The mass X-ray survey points the way very clearly by which this can be realised so far as infection by the human strain of the tubercle bacillus is concerned. From the summary on pages 59 to 62 of the 1952 survey, it will be seen that 27,962 men, women, and children were X-rayed and 55 new active cases of pulmonary tuberculosis were discovered. It is reasonable to assume, therefore, that there are many more cases in the remainder of the population unknown to the Consultant Chest Physician. Of the 55 diagnosed as suffering from active pulmonary tuberculosis, all but one attended at the Chest Clinic. For these patients treatment was speedily arranged and admission to Creaton Sanatorium was secured immediately for the most urgent cases and often with a very short waiting period for the remainder. Those on the waiting list in almost every case began their treatment at home under the joint supervision of their general practitioner and of one of the medical staff from the Chest Clinic. Partly as a result of organising immediate treatment and also due to advances in medical and surgical methods of treatment, comparatively few patients are still infectious after their discharge from the Sanatorium. Formerly over 60 per cent. of the patients were still deemed to be infectious, but this figure has now dropped to rather less than 20 per cent. By this means the potential reservoir of infectious cases from which the disease is disseminated is being drastically reduced.

B.C.G. vaccination of the uninfected contact has been intensified. The total of 237 B.C.G. vaccinations against the development of primary tuberculous disease represents practically the absolute total that could have been vaccinated under the Ministry of Health scheme, as the parents of only five children (two families) refused to allow their children to be vaccinated.

Rehousing is also helping to reduce the chances of infection due to overcrowding. With the presence of tuberculous persons in the Council estates new problems may arise. To meet one of these problems, the



Consultant Chest Physician considers that frequent X-ray surveys of school children on these estates will need to be arranged. Further, by reason of the depleted medical staff of the School Health Service, he is of opinion that very important diagnostic and preventive work has been left undone. He hopes that this deficiency will speedily be remedied and that tubercular skin testing of all school entrants and leavers will soon be carried out regularly.

For those requiring a yard-stick by which to measure the success of medical treatment, a glance at Table 15, page 93, shews the reduction in the death-rate over the last ten years.

What of the incidence of tuberculosis ? Notifications of tuberculosis of the respiratory tract have gone up again this year (to 103, compared with 92 in 1951 and 76 in 1950). How can this be explained ? Such are the questions which at once spring to the mind. Let those who are inclined to decry the efficiency of the present anti-tuberculosis measures study the results of the mass radiography investigations. Compared with only seven years ago, the figures have fallen from 5.22 new active cases discovered in every thousand persons examined, to 1.97. As during 1952 a repeat X-ray survey was carried out and 27,962 persons examined, it is a matter for congratulation that notifications were only 103.

Every possible effort is now being made to increase the scope of the X-ray surveys and these efforts will not be really effective until all the adult and adolescent population of the County Borough undergo X-ray examination of their chests at regular intervals, for it is by this means that tuberculosis can be most effectively diagnosed before it spreads to the stage where it produces symptoms of ill-health. If these are the ways by which tuberculosis is to be controlled, is the Chest Diseases Clinic adequately equipped to carry out this work ? To this question the answer is an unqualified "yes." By reason of the understanding and foresight of the Chief Administrative Officer of the Oxford Regional Hospital Board, the very latest model of mass miniature X-ray equipment has recently been installed. It is now for the public to make full use of the anti-tuberculosis services.

**Notifications.** (Tables 16 to 18, pages 93 to 95). During the year 119 persons were notified for the first time as suffering from tuberculosis. Of these, 103 cases were respiratory and 16 non-respiratory. Their classification and age-groups are shewn in Tables 16 and 18. In addition, 12 cases already notified in other areas came into the County Borough.

Table 17 gives the occupations of new cases of respiratory tuberculosis.

**Deaths.** (Table 15, page 93). The number of deaths and the death-rates from tuberculosis per thousand of the population in 1952 were as follows :—

	NO. OF DEATHS	DEATH- RATES
Respiratory tuberculosis .....	26	0.25
Other forms .....	4	0.04
Totals .....	30	0.29

The total rate of 0.29 is the lowest on record for the County Borough.

The death-rate for all forms for England and Wales in 1952 was 0.24 (respiratory 0.21, other forms 0.03), which is also the lowest recorded.

Table 15 gives the total tuberculosis death-rates for Northampton and for England and Wales during the last ten years.

**Revision of Register.** The names of 26 notified persons were removed from the register in 1952, as the patients were regarded as having recovered.

On 31st December, 1952, there were 910 names on the Medical Officer of Health's register, 754 relating to respiratory and 156 to non-respiratory patients.

The number on the register of the Chest Clinic on that date was 837.

**Extra Nourishment.** Extra nourishment in the form of milk was granted by the Health Committee to 9 patients. Additional milk and other extra nourishment were also provided through the funds of the Care Committee to 68 patients.

**Park Workers.** At the beginning of 1952, five men were employed on light duties under this scheme. One ceased work, leaving a total of four at the end of the year.

**Housing.** Housing has always been an important factor in the incidence and spread of tuberculosis. The co-operation of the Housing Committee in providing better living conditions is, therefore, invaluable. In December, 1952, the number of tuberculous persons living in Council houses was 314.

**Care Work.** The need for care work is apparent and much valuable help is provided by the Care Committee. The Christmas Seal Sale realised the sum of £343 0s. 11d. The Chairman's special Christmas Appeal brought in £23 8s. 6d. The annual grant from the County Borough Council was continued at £350; this was augmented by voluntary donations to the extent of £236 16s. 1d. The money has gone to the assistance of patients and their families in providing clothing, bedding, footwear, extra nourishment, and medical comforts. In addition, the usual gifts were made at Christmas and two patients were provided with convalescent holidays at the seaside.



**Almoner's Department.** There has been some development in the provision of holidays for patients not in need of sanatorium treatment but badly in need of a change. With the help of the Tuberculosis Care Committee and the British Red Cross Society, arrangements were made during the year for seven patients and the widow of a patient to have a change for a fortnight or three weeks by the sea. Two other patients were helped by the Care Committee to visit relatives for holidays. It is hoped that this work will be extended. Few patients these days become chronically ill, but those who do have a special claim upon the help of the Almoner, so that they may be enabled to live as normally and happily as possible. Their trouble is loneliness.

A party for the older patients was held in July in the garden of the Chest Clinic. The cost was defrayed by an anonymous donor. The Care Committee are considering the inauguration of a club for patients unable to work and the Almoner will assist them.

The usual advice on social, domestic, and financial matters is given at the Chest Clinic and at Creton Sanatorium, to which the Almoner is also attached. Patients and their families have been helped, when necessary, to obtain the appropriate financial help.

The Almoner interviewed 540 patients at the Chest Clinic and paid 268 home visits.

**Rehabilitation.** During the year, one patient went to Roffey Park Rehabilitation Centre, near Horsham, and one girl patient became a student nurse at Creton Sanatorium.

In addition, details are given below of the number of patients known to the Chest Clinic to have returned to work during the year :—

Work found by the Ministry of Labour .....	12
New work found by patients themselves .....	7
Work resumed with former employer .....	26
Work found by Youth Employment Bureau .....	2
	—
Total .....	47
	—

It is noteworthy that most men patients are able to return to their old employment. This is partly due to modern methods of treatment and partly to the co-operation of former employers in providing suitable jobs in cases where the previous work might be unsuitable. The younger women patients, when recovered, often prefer a change of occupation.

**Mass Miniature Radiography.** The fifth survey held in Northampton County Borough by the Mass Radiography Unit extended over a period of twenty-two weeks from February to July, 1952. The Unit operated under the control of the Oxford Regional Hospital Board and most of the information given below has been extracted from the report issued by the Unit :—

## DATE AND PLACE

4th February to 29th March, 1952 } Total = 22 weeks.  
 15th April to 21st July, 1952 }

Held at 1 Billing Road, Northampton, and conducted by Oxford Regional Hospital Board, No. 1 (Northants) Mass Radiography Unit.

## TYPE OF SURVEY

Firms.  
 Schools.  
 National Servicemen.  
 Ante-natal patients.  
 General public.

## RESPONSE

Firms ..... 65 per cent.  
 Schools ..... 97 per cent.

## SUMMARY OF WORK

	MALES	FEMALES	TOTAL
Number of miniatures taken .....	14,871	13,091	27,962
Number recalled for large films .....	430	323	753
Number recalled for clinical examination	135	110	245
Number referred to Chest Clinic .....	66	57	123

## RESULTS OF CHEST CLINIC EXAMINATION

Persons referred to Chest Clinic .....	123
Found to have active pulmonary tuberculosis .....	55*
Presumably inactive pulmonary tuberculosis requiring clinic observation .....	43
Inactive pulmonary tuberculosis not requiring observation .....	1
Non-tuberculous conditions .....	23
No diagnosis reached—failed to attend .....	1
Total .....	123

\*All these 55 cases were newly discovered.

33 had positive sputa.

43 were Northampton residents and 12 lived outside the County Borough.

44 were considered to require sanatorium treatment.



## GROUP FINDINGS

GROUP	NUMBER X-RAYED	NUMBER OF NEWLY DISCOVERED CASES OF SIGNIFICANT TUBERCULOSIS			
		ACTIVE	RATE*	INACTIVE	RATE*
Firms .....	18,706	38	2.03	26	1.39
General public .....	6,438	14	2.17	16	2.49
Schools .....	2,022	2	0.99	—	—
National Servicemen .....	734	—	—	—	—
Ante-natal patients .....	62	1	16.13	—	—
Totals .....	27,962	55	1.97	42	1.50
Boot and shoe operatives (included above) .....	5,472	14	2.56	7	1.28

\*The rates are expressed per thousand persons X-rayed.

## OCCUPATIONAL INCIDENCE

The 55 active pulmonary tuberculosis cases came from the following occupations :—

Boot and shoe operatives .....	14†
Clerks, draughtsmen, and typists .....	10
Other and undefined workers .....	6
Metal workers (not electro plate or precious metals) .....	4
Makers of textile goods and articles of dress .....	4
Warehousemen, storekeepers, and packers .....	3
Skin and leather workers (other than boot and shoe operatives) .....	2
Printers and photographers .....	2
Commercial, finance, and insurance occupations (excluding clerks) .....	2
Persons engaged in personal service .....	2
School leavers .....	2
Miscellaneous (1 case in each of 4 separate occupational groups) .....	4
Total .....	55

†The 14 cases amongst boot and shoe operatives were from 5,472 X-rayed, a rate of 2.56 new cases per thousand examined.

## SCHOOL CHILDREN (LEAVERS)

The foregoing statistics relate to all persons examined. The figures for school children only are :—

Number examined .....	2,042
(Boys 1,043 ; girls 999)	
Cases discovered .....	2
Cases per thousand examined .....	0.99

## COMPARISON

SURVEY	DATE	PERSONS	ACTIVE CASES FOUND		NEW CASES PER
		EXAMINED	TOTAL	NEW ONLY	1,000 EXAMINED
First	1945/6	14,544	79	76	5.22
Second	1946/7	12,242	36	34	2.78
Third	1947/8	12,585	25	25	1.99
Fourth	1949	13,493	29	27	2.00
Fifth	1952	27,962	55	55	1.97
	Totals	80,826	224	217	2.68

**B.C.G. Vaccination.** The value of B.C.G. vaccination for contacts who have not been infected by the tubercle bacillus is now believed to have been proved beyond doubt. By vaccination of the uninfected members of households where tuberculosis is known to have occurred, a great measure of protection is given against the dangers of the form of disease which may arise when primary infection occurs.

During the year, 237 persons were vaccinated with B.C.G. vaccine.

**Tuberculosis Regulations, etc.** It was not found necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, which relate to persons suffering from respiratory tuberculosis employed in the milk trade.

There was no case of compulsory removal to hospital, under Section 172 of the Public Health Act, 1936, of any person suffering from tuberculosis of the respiratory tract who was in an infectious state and without proper lodging or accommodation and who was a serious risk of infection to other persons.

The Public Health (Tuberculosis) Regulations, 1952, came into operation on 1st May, 1952. They revoked the 1930 Regulations and made similar provision for the notification of tuberculosis modified to accord with the structure and administration of the services now provided under the National Health Service Acts.

## IX.—MATERNITY AND CHILD WELFARE

**Infant Mortality.** (Tables 19 and 20, pages 95 and 96). There were 32 infant deaths, the infant mortality being 21.8 per thousand live births registered, which is the second lowest rate ever recorded in Northampton County Borough. The corresponding figure for England and Wales was 27.6 and for the great towns 31.2. Table 19 gives the infant mortality for England and Wales and Northampton for the last ten years for comparison.

The infant deaths are classified by cause in Table 20.

**Neo-natal Mortality.** 24 of the 32 deaths mentioned in the preceding paragraph were of infants under four weeks of age. The neo-natal mortality per thousand live births was thus 16.4, compared with 31 deaths and a rate of 20.5 in 1951.

The neo-natal mortality for England and Wales was 18.9 in 1952.



**Notification of Births.** (Tables 21 and 22, pages 96 and 97). 1,467 live births were registered, the birth-rate being 14·1, compared with 15·3 for England and Wales. 39 stillbirths were also registered.

It is a statutory requirement under Section 203 of the Public Health Act, 1936, that births should be notified within thirty-six hours to the Medical Officer of Health by any person in attendance upon the mother at the time of, or within six hours after, the birth. This, of course, is in addition to registration.

2,537 live births and 69 stillbirths were notified, making a total of 2,606 (*see* Table 21). Table 22 shews the sources of notification.

1,394 births were investigated by the health visitors ; 4 of these were non-notified. They also visited 9 other births but no information was available. The remaining births occurred either in larger houses, or the mothers, resident outside the County Borough, came here for their confinements and returned home later.

512 babies (including stillborn babies) were born of primiparæ.

**Stillbirths.** 39 stillbirths were registered, giving a rate of 0·38 per thousand of the population, compared with 0·35 for England and Wales. The rate expressed per thousand total births (including stillbirths) registered was 25·9, while for England and Wales it was 22·6.

69 stillbirths were notified, 31 relating to mothers from surrounding areas. The remaining 38 stillbirths were investigated. 16 of these occurred in primigravida. In 27 cases labour was premature.

#### CAUSES OF STILLBIRTH

Maternal .....		16
Toxæmia .....	9	
Rhesus factor .....	2	
Diabetes .....	1	
Chronic nephritis .....	1	
Hypertension .....	1	
Urinary infection .....	1	
Infective hepatitis .....	1	
Fœtal .....		8
Anencephaly .....	4	
Hydrocephaly .....	2	
Congenital heart .....	1	
Abnormality of lungs .....	1	
Cause unknown (6 premature) .....		8
Fœtus fresh .....	4	
Fœtus macerated .....	4	
Accidents of labour .....		6
Breech extraction .....	3	
Accidental hæmorrhage .....	1	
Prolapsed cord .....	1	
Premature separation of placenta—post-maturity .....	1	

**Health Visiting.** Eleven whole-time health visitors were on the staff at the end of 1952, which was five below establishment. Their time was also partly devoted to work in the School Health Service (estimated at 13.6 per cent.) under a co-ordinated scheme.

22,836 visits in connection with Maternity and Child Welfare were paid during 1952 :—

To expectant mothers :—

First visits .....	452
Total visits .....	506

To children under one year of age :—

First visits .....	1,418
Total visits .....	11,009

To children between the ages of one and five years :—

Total visits .....	10,197
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To other cases :—

Total visits .....	1,124
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**Child Welfare Centres.** Table 23 (page 97) gives the average attendances and consultations at the fifteen child welfare centres in the County Borough.

3,025 children made the following attendances at all centres during the year :—

(a) By children under one year of age .....	24,579
(b) By children between the ages of one and five years .....	15,413

The attendance of children per weekly session at all centres during 1952 averaged 57.

The number of children who attended at the centres for the first time during the year was :—

(a) Children under one year of age .....	1,078
(b) Children between the ages of one and five years .....	46

The number of children who were in attendance at the centres at the end of the year was :—

(a) Children under one year of age .....	935
(b) Children between the ages of one and five years .....	1,601

**Voluntary Work.** The Northampton Maternity and Infant Welfare Voluntary Association report that the infant welfare centres continue to do good work under their leaders.

The Association have given help to Centre mothers from the Committee's Social Service Fund. Gifts have been sent where there has been illness and extra gifts at Christmas for cases in need.

The Mothers' Club opened an extra evening and is now held on Tuesday, Wednesday, and Thursday evenings each week from September to March.



The Annual Meeting held on Wednesday, 11th June, 1952, in the Guildhall was addressed by Dr. Joy Patrick on "The emotional development of the child."

An Exhibition of Handicraft and Lecture Week was held at St. Giles' Street Centre from 1st to 5th December, 1952. The lectures, which included "Accidents in the home," "Problems of the child under five," and "Preparing your child for school," were all well attended. A very successful meeting for fathers only took place on 1st December. Any Questions (subject: "Your family and you") and "Careers for girls" were also arranged.

Delegates were sent to the London Conference for Maternity and Child Welfare and to the National Baby Welfare Council meetings.

**Maternity Homes.** There are three registered nursing homes in the County Borough (see list on page 26). Fourteen visits of inspection were paid to these homes by the Assistant Medical Officer.

**Midwives.** 42 midwives were employed in Northampton County Borough on 31st December, 1952, as follows:—

Queen's Institute of District Nursing (including 2 on administrative staff) .....	7
St. Edmund's Hospital .....	8
Barratt Maternity Home .....	21
Other maternity homes .....	4
Independent domiciliary midwives .....	2
Total .....	42

Medical aid was summoned by a midwife under Section 14 (1) of the Midwives Act, 1951, on one occasion.

The Northampton Branch of the Queen's Institute of District Nursing undertake domiciliary midwifery on behalf of the County Borough Council by agreement under Section 23 of the National Health Service Act, 1946.

The Queen's Nurses attended 375 cases as maternity nurses or midwives during 1952.

**Administration of Analgesics.** 33 of the above midwives held a certificate of competence in the use of gas-air analgesic apparatus. 26 of these were employed in institutions and seven were in the service of the Queen's Institute of District Nursing.

Out of the 375 cases attended by Queen's Nurses in 1952, analgesics were administered in 301. The Institute had seven sets of apparatus in use.

Pethidine was administered in 102 cases by domiciliary midwives.

**Ante-natal and Post-natal Work.** No regular ante-natal and post-natal care is now given by the Local Authority ; casual cases only are seen at St. Giles' Street Centre on Mondays from 3 to 4 p.m. 21 ante-natal patients, including 19 new cases, made 38 attendances. 379 patients attended during 1952 for blood tests.

Another clinic was held at the Queen's Institute of District Nursing where 2,458 attendances were made by 511 expectant mothers in 206 sessions during 1952. These patients are all attended at confinement by their family doctor.

All cases booked for confinement at the Barratt Maternity Home and St. Edmund's Maternity Unit now receive their ante-natal care at the Barratt Home Ante-natal Clinic.

Only a few post-natal cases were seen at the Local Authority's clinic; 5 women, including 3 new cases, each made one attendance.

**Maternal Mortality.** (Table 24, page 98). According to the tabulation received from the Registrar-General, no maternal deaths were assigned to Northampton County Borough during 1952. Table 24 gives the rates for the last ten years, together with those for England and Wales.

**Dental Treatment.** (Table 25, page 98). Children under school age and expectant and nursing mothers are treated by the two dental officers. Two sessions or more each week are set apart for this work.

Table 25 shews the numbers dealt with during 114 sessions and the forms of treatment.

A qualified radiographer takes all radiographs. The dental officers examine them and on rare occasions seek confirmation from Northampton General Hospital.

Dentures are made at a local prosthetic laboratory.

**Ultra-violet Ray Treatment.** Ultra-violet ray treatment was continued with the usual exception of the summer months. 51 children under five years of age received 672 treatments.

Facilities for this were provided at the Infant Welfare Centre, St. Giles' Street, on Tuesday and Thursday afternoons and Saturday mornings.

**Care of Premature Infants.** 111 premature infants (*i.e.*, babies weighing 5½ lb. or less at birth) relating to mothers normally resident in Northampton County Borough were notified and were the subject of special investigation.

Of the 32 premature babies born at home, six were stillborn and four were transferred to hospital ; the remaining 22 nursed entirely at home



survived the first month of life. Of the four transferred to hospital, one survived the first month.

Of the 79 born in hospital or nursing home, 16 were stillborn and 49 survived the first month of life.

These figures shew that 80·9 per cent. of the County Borough premature babies born alive survived the first month.

Cots, bedding, blankets, hot water bottles, and clothing are available on loan for such infants nursed at home.

**Care of Unmarried Mothers and Their Children.** There are no special arrangements, but each health visitor is responsible for those residing in her district and co-operates with voluntary agencies working in this field. Where desirable, the children are admitted to day nurseries.

**Immunisation.** The number of children under five years of age who completed the full course of injections during the year was :—

Diphtheria .....	327
Combined diphtheria and whooping cough .....	798
Whooping cough .....	103

The above figures include those immunised by general practitioners as well as those dealt with at clinics under the maternity and child welfare scheme.

**Day Nurseries.** There are two nurseries—Spencer and Kingsthorpe Park—for children under two years of age. They have accommodation for 70 children. The average attendance was 58 and at the end of the year there were 59 children on the registers. 112 visits (including six medical inspections) were paid to these two nurseries by the Assistant Medical Officer and, in addition, all children were medically inspected before admission.

48 visits were also paid to Rawlings Residential Nursery managed by the Children Committee.

**Nurseries and Child Minders.** At the end of 1952, three daily minders (providing for 28 children) were on the register kept under the Nurseries and Child Minders Regulation Act, 1948. Regular visits were paid by members of the staff.

**Fruit Juices and Cod Liver Oil.** These vitamin supplements for expectant mothers and children under five years of age are issued from the Food Office, Fish Street, and by voluntary workers from infant welfare centres on the outskirts of the town.

The same arrangements apply to the issue of National Dried Milk.

## X.—MENTAL HEALTH

**Mental Deficiency—Ascertainment.** During 1952, twenty-four new cases were notified from the following sources :—

Local Education Authority .....	19
Other sources .....	5
	—
Total .....	24
	—

These were dealt with as follows :—

Placed under statutory supervision .....	21
Placed under voluntary supervision .....	2
Admitted to an institution .....	1
	—
Total .....	24
	—

**Statistics.** There were 426 cases on the register at 31st December, 1952 ; these were classed as follows :—

	MALES	FEMALES	TOTALS
In institutions and homes .....	62	64	126
Under Guardianship Orders .....	1	1	2
Under statutory supervision .....	100	103	203
Under voluntary supervision .....	34	29	63
	—	—	—
County Borough cases .....	197	197	394
On licence from institutions (not North- ampton County Borough cases) .....	—	32	32
	—	—	—
Totals .....	197	229	426
	—	—	—

**Supervision.** Local health authorities are responsible for the care of mentally defective persons, *i.e.*, their ascertainment, supervision, and training.

The main channel of ascertainment is the local education authority and only a few cases are referred from other sources. There is still, however, the odd case of an elderly defective who left school years ago, or never attended any school, and who has subsequently been cared for by relatives ; it is only when these relatives become too old to manage any longer that such a case comes to light. Though such cases are few, a difficult problem is presented, as usually institutional care is an urgent necessity.

Most mental defectives known to this Authority continue to live in their own homes and require visits of supervision. In the more difficult cases, frequent visits are paid and efforts made to advise parents regarding occupational interests and general treatment. There are also cases where the home care and conditions are so good that only an occasional visit



of inquiry is necessary. Parents are encouraged to come to the Mental Health Officers for any advice or assistance in the various difficulties which may arise. The general behaviour of defectives under supervision has been good. Efforts are made to place defectives in employment and, where unemployable, the Mental Health Officers assist in obtaining any allowance to which they may be entitled. Often defectives can earn a reasonable wage, but are quite incapable of laying out their money wisely and in this respect the Mental Health Officers can be of assistance.

The following interviews were held and visits made during the year:—

Visits to statutory supervision cases .....	768
Visits to voluntary supervision cases .....	258
Miscellaneous visits .....	749
Interviews at Office .....	418
Total .....	2,193

**Guardianship.** At the end of 1952, two cases were under Guardianship. One is self-supporting and the other receives a weekly grant from the local health authority which is supplemented by an allowance from the National Assistance Board.

**Institutional Accommodation.** Twelve new cases were admitted to the following establishments :—

Borocourt, near Reading (and ancillary institutions) .....	6
Manor House, Aylesbury .....	2*
Pewsey Hospital, Pewsey .....	2
St. Agnes' Approved Home, Caversham .....	1
Winslow Hospital, Winslow .....	1
Total .....	12

\* 1 of these was discharged during the year.

Although local health authorities are responsible for the initial care, certification, and conveyance to institutions of patients suffering from mental deficiency, the provision of accommodation is *not* their responsibility—a fact not generally realised.

Work under the Mental Deficiency Acts, 1913—1938, is seriously handicapped by the shortage of accommodation. The waiting list for institutional care grows longer ; new cases are added, but very few are taken off.

Twelve cases were urgently awaiting institutional care on 31st December, 1952 ; these were classed as follows :—

	MALES	FEMALES	TOTALS
Children under 16 years .....	5	2	7
Adults (over 16 years) .....	2	3	5
	—	—	—
Totals .....	7	5	12
	—	—	—

These figures relate to mental defectives within the community and not to mentally defective patients accommodated in St. Crispin Hospital, Duston, Northampton, under the Lunacy and Mental Treatment Acts, 1890—1930, who should be detained in mental deficiency institutions. Reference was made in the introductory letter to the Annual Health Report 1951 to the unsatisfactory position obtaining at St. Crispin Hospital at the end of 1951 with regard to the number of mental defectives accommodated there. It is pleasing to report that of the 50 cases stated by the Physician Superintendent in 1951 as being suitable for transfer, 11 were transferred to mental deficiency institutions and one name was withdrawn. A further case was reported in 1952 and on 31st December, 1952, there were 39 cases still awaiting removal.

Patients with suitable homes were granted holiday leave at varying times throughout the year. A report on the suitability of the home to which the patient will proceed is usually submitted to the medical superintendent of the institution in which the patient is detained before holiday leave is granted.

Three Northampton County Borough cases (one male ; two females) were discharged during the year from Orders under the Mental Deficiency Act, 1913.

At the end of the year, 126 Northampton County Borough patients were accommodated at the following establishments :—

	MALES	FEMALES	TOTALS
Borocourt, near Reading (and ancillary institutions) .....	5	13	18
Brentry Colony, Bristol .....	1	—	1
Bromham Hospital, near Bedford .....	26	15	41
Ellen Terry Home, Reigate .....	1	1	2
Hortham Colony, Bristol .....	1	—	1
House of Help, Bath .....	—	3	3
Manor House, Aylesbury .....	4	2	6
Miss A. Slayton's Home, Bedford .....	—	1	1
Mount Tabor Approved Home, Wingrave.....	—	1	1
Pewsey Hospital, Pewsey .....	5	1	6
Princess Christian's Farm Colony, Hildenborough .....	1	1	2
Rampton Hospital, Retford .....	7	2	9
Rockhall House, Bath .....	—	1	1
St. Agnes' Approved Home, Caversham .....	1	—	1
St. Edmund's Hospital, Northampton .....	4	10	14



	MALES	FEMALES	TOTALS
St. Francis' School, Buntingford .....	1	—	1
St. Mary's Home, Alton .....	—	1	1
St. Mary's Home, Buxted .....	—	1	1
St. Mary's Home, Painswick .....	—	1	1
Stoke Park Colony, Bristol .....	4	4	8
Totterdown Hall, Weston-super-Mare .....	—	1	1
Whittington Hall, Chesterfield .....	—	5	5
Winslow Hospital, Winslow .....	1	—	1
	—	—	—
Totals .....	62	64	126
	—	—	—

**Handicraft Centre.** Children attending were as follows :—

	JUNIORS (under 16 years)		SENIORS (over 16 years)		TOTALS.
	M.	F.	M.	F.	
On register 1-1-52 .....	9	11	8	15	43
Admitted during 1952 .....	4	1	—	1	6
Left in 1952 .....	—	1	—	1	2
On register 31-12-52 .....	13	11	8	15	47

Of the 47 on the register, 35 children were attending the Centre all day, of whom 34 stayed to the midday meal.

There was a waiting list of 15 juniors at the end of the year.

Midday meals brought in from Regent Square School Canteen are well balanced, good in quality, and ample in quantity. A charge of sevenpence per meal was made throughout 1952.

In March, 1952, at the request of some parents, it was decided to form a local branch of the National Association of Parents of Backward Children. Meetings are held at the Handicraft Centre on the first Thursday in each month and parents of any backward child, whether the child attends the Centre or not, are always welcome. The meetings take the form of lectures, social and recreative activities, and in this way parents help one another to lose their feelings of isolation.

Mrs. W. M. Curzon, a Board of Control Inspector, visited the Centre on 6th May, 1952, and spent the day seeing the work and activities. A satisfactory report was later received.

The chief social event of the summer was the outing to Skegness on 15th July, when a party of 90 spent a very happy day in beautiful summer weather.

Other activities included visits to a circus and a pantomime, also the usual Christmas party.

Excellent relations exist between staff, parents, and children—a very important factor in the work of the Centre. The children are busy and happy and never absent unless ill.

**Special School After-care Committee.** The Voluntary After-care Committee help and advise parents of educationally subnormal children who are not notified to the Mental Health Sub-Department.

Domiciliary visits are paid to see the persons concerned, as well as their parents, and brief records of the visits are kept by the Honorary Secretary (Miss D. R. Harbard).

A representative of the Youth Employment Bureau serves on the Committee and gives practical advice and help in placing young persons in suitable employment.

A benevolent fund provides small gifts in times of sickness.

**Lunacy—Statistics.** The following summarises the work of this section of the Mental Health Sub-Department during 1952 :—

	MALES	FEMALES	TOTALS
Examined by Doctor and Magistrate .....	3	5	8
Certified and removed to St. Crispin Hospital	3	2	5
Certified and removed to other hospitals	—	3	3
Not certified .....	—	—	—
Cases examined by Magistrate .....	30	30	60
Admitted to St. Crispin Hospital on 14-Day Orders .....	21	25	46
Order made, but patient died before admission	—	1	1
No Order made .....	9	4	13
Admitted to St. Crispin Hospital on 3-Day Orders .....	13	6	19
Transfers from St. Andrew's Hospital to St. Crispin Hospital .....	—	2	2
Transfers from St. Andrew's Hospital to other hospitals .....	2	5	7

**Work undertaken in the Community.** (a) Mental Deficiency. Consequent upon Ministry of Health Circular 5/52 dated 21st January, 1952 (Short-term Care of Mental Defectives in Cases of Urgency), an amendment to the scheme under Section 28 of the National Health Service Act, 1946, was submitted to and approved by the Minister. Subsequently, two children (one to an institution under the Oxford Regional Hospital Board and the other to a private home under the auspices of the National Association for Mental Health) were dealt with under this scheme. In a third case, an application was received from the father of an epileptic defective and approved by the appropriate Committee, but upon assessment the father would not agree to pay his part of the maintenance charge.



(b) Lunacy. The provision of services for prevention, care and after-care under Section 28 of the National Health Service Act, 1946, continued throughout the year.

Patients have readily accepted visits from the Mental Health Officers and considerable assistance has been given in rehabilitation, in finding employment and change of employment, and in relieving patients of domestic, financial, and other matters which may be causing them concern.

Reference to the Mental Health Officers in acute cases is made by members of the medical profession, relatives, friends, officials in various capacities, and others. Visits are made and the necessary action taken.

Every effort is made by the Mental Health Officers to persuade appropriate cases to accept voluntary treatment and most satisfying results have been achieved. There is a steady increase in the number of voluntary admissions to the mental hospital as against the fewer admissions under the compulsory powers of the Lunacy Act, 1890.

Admissions to St. Crispin Hospital on 14-Day Orders made by Justices of the Peace have considerably increased, with a consequent decrease in the number of direct admissions as certified patients. At the request of the Acting Physician Superintendent, as many patients as are suitable are admitted in this way, when such action is deemed necessary, thus giving the hospital every opportunity to observe the patients and decide what future course is in their best interests.

Co-operation is maintained with the consultant psychiatrists in matters of mutual concern and domiciliary visits arranged when the need arises.

## XI.—WELFARE

**Welfare Services.** The National Assistance Act, 1948, which came into operation on 5th July, 1948, made provision for comprehensive services falling into two main groups :—

- (1) National Assistance, taking the form chiefly of cash assistance to persons in need ;
- (2) Residential accommodation for the aged, the infirm, and others who require care and attention to be provided in this way, with special welfare services for the blind, deaf and dumb, and other persons who are substantially and permanently handicapped by illness, injury, or congenital deformity.

The assistance rendered under heading (1) is the concern of the National Assistance Board.

The Local Authority are responsible for the services under heading (2). The Council's schemes under Section 21 of the National Assistance Act, 1948 (provision of residential accommodation) and under Sections 29 and 30 (provision of welfare services for handicapped persons) were approved by the Minister of Health in May, 1949.

The Council decided on 5th November, 1951, not to make any schemes at present for welfare services for handicapped persons other than the blind and partially sighted. The Medical Officer of Health had presented a report to the appropriate committees on Ministry of Health Circular 32/51 dated 28th August, 1951. No further action was taken in 1952.

All matters relating to the discharge of the welfare functions of the Council under the National Assistance Act, 1948, stand referred to the Health Committee, who appointed a Welfare Services Sub-Committee (*see* page 14). These functions are discharged under the general administration of the Medical Officer of Health, who is also designated Welfare Administrator. A Welfare Officer and two Assistant Welfare Officers are on the staff of the Health Department. The assistants are mainly concerned with blind welfare.

**Blind Persons.** At the end of 1952 the number of blind persons registered in Northampton County Borough was 232, classified as follows:—

	MALES	FEMALES	TOTALS
Under school age .....	1	—	1
In sunshine home nursery school .....	1	—	1
At schools for the blind .....	1	4	5
In homes for the blind .....	5	2	7
In other homes .....	2	3	5
In mental hospitals .....	3	2	5
In other hospitals .....	1	6	7
In mental deficiency institutions .....	1	3	4
Mental defectives at home .....	1	1	2
Employed in open industry .....	17	2	19
Employed in sheltered industry .....	19	7	26
Training for sheltered employment .....	1	2	3
Not capable of work .....	8	10	18
Not available for employment .....	44	85	129
Totals .....	105	127	232

9 of the above were trained at St. Dunstan's and 40 were registered under the Disabled Persons (Employment) Act, 1944.

20 persons were newly registered during 1952.

**Partially Sighted Persons.** In the approved schemes under the National Assistance Act, 1948, provision was made for the promotion of the welfare of partially sighted persons. Admission to the register is



dependent upon a certificate from an ophthalmic surgeon. A start was made towards the latter part of 1951 in compiling a register and it contained the names of 14 persons on 31st December, 1952, made up as follows :—

	MALES	FEMALES	TOTALS
Class A—Persons near and prospectively blind (aged 16 years and over) .....	4	4	8
Class B—Persons mainly industrially handicapped (16 years and over) .....	1	3	4
Class C—Persons requiring observation only (16 years and over) .....	1	1	2
Class D—Children aged 5 and under 16 years .....	—	—	—
Totals .....	6	8	14

**Residential Accommodation.** On 1st January, 1953, the following persons were residing in Part III. Accommodation for whom the Council had undertaken financial responsibility :—

	MALES	FEMALES	TOTALS
St. Edmund's Hospital, Northampton .....	58	32	90
Nazareth House, Northampton .....	5	6	11
"Wardington Court" Home for the Blind, Northampton .....	3	—	3
"Darsdale" Home for the Blind, Raunds .....	—	2	2
Chalfont Colony for Epileptics .....	—	1	1
David Lewis Manchester Epileptic Colony .....	—	1	1
Brackley House, Brackley .....	—	1	1
British Legion Halsey House, Cromer .....	1	—	1
Christadelphian Rest Home, Southport .....	1	—	1
"Rossmore," Leamington Spa .....	—	1	1
St. Mary's Hospital, Kettering .....	1	—	1
Salvation Army Home, Wicksted Hall, Whitchurch .....	1	—	1
Totals .....	70	44	114

During 1948 to 1952 nineteen properties have been inspected with a view to their use for Part III. Accommodation, but on account of unsuitability or other reasons have not been requisitioned.

On 28th July, 1952, the County Borough Council made an Order to purchase compulsorily St. John's Convalescent Home, Weston Favell, for the purpose of providing residential accommodation under the National Assistance Act, 1948. This was submitted to the Minister of Health for confirmation. An informal inquiry was held on 4th November, 1952, when objections were heard from the Trustees of the Charity. A letter dated 3rd December, 1952, was received from the Ministry of Health

stating that the Minister, after consideration of the report of the inspector and having regard to all the circumstances, had decided not to confirm the Order.

**Old Persons' Residential Block, Kings Heath.** Reference was made in the 1950 and 1951 Reports to the proposed erection at Kings Heath of residential accommodation on hostel lines for aged persons.

It was hoped that building would have begun during 1952, but this was not possible. Owing to restrictions on capital expenditure and the limited amount of steel available for national assistance purposes, the scheme had to be postponed. The Borough Architect indicated that by the use of pre-stressed concrete, the amount of steel required could be reduced. In view of this, it is now anticipated that the scheme will proceed during 1953.

**St. Edmund's Hospital.** With the exception of twelve beds at Nazareth House, St. Edmund's Hospital is the only place available in Northampton County Borough for accommodation under Part III. of the National Assistance Act, 1948. There is accommodation for 59 men, 36 women, and 13 children—a total of 108.

As there is no "family unit" accommodation, St. Edmund's Hospital is used for this purpose, which means that the old poor law procedure of separating man and wife, parents and children is still necessary.

Residents are encouraged to work in the hospital and provision is made for them to receive a monetary recompense not exceeding 10s. 6d. per week for performing this work.

A chiropody service is available free of charge for residents in Part III. Accommodation.

Much pleasure is derived from the visits three afternoons a week of the Occupational Therapist from the Health Department.

By the end of 1952, work had commenced on the provision of better lighting and central heating in all bedrooms and dayrooms.

**Nazareth House.** Arrangements are in operation under Section 26 (1) of the National Assistance Act, 1948, whereby twelve beds at Nazareth House are available for residential accommodation of persons in need of care and attention. The County Borough Council pay a stated sum per head per week (less payments made by the residents). Eleven beds were occupied at the end of 1952.

**Homes for Disabled and Old Persons.** On 31st December, 1952, five homes, with accommodation for 80 persons, were on the register kept under Section 37 of the National Assistance Act, 1948, viz :—



HOME	REGISTERED FOR
Oakwood Home, 8 The Drive .....	11 old persons, either sex
St. George's Homestead, 25/26 St. George's Avenue .....	20 aged women
St. Christopher's, Abington Park Crescent .....	21 old persons, either sex
"Roseland," 41 Park Avenue South	8 old persons, either sex
"Wardington Court" Home for the Blind, Welford Road .....	20 disabled and old persons, either sex

Applications for registration of two more homes were under consideration, viz :—

HOME	REGISTRATION REQUIRED
Nazareth House, Kingsthorpe Road	28 disabled and old persons (9 men, 19 women)
"The Briers," 69 Collingwood Road	9 old persons, either sex

Two other homes were exempt from registration, viz : Bethany Homestead and the Methodist Homestead.

**Meals for Aged Persons.** "Meals on wheels" are delivered two days per week by the Women's Voluntary Services on behalf of the Local Authority. The recipients pay ninepence per meal and the Local Authority subsidise to the extent of ninepence per meal.

During 1952 the number of meals served on 99 days was 2,763 (weekly average, 56). The cost to the Local Authority was £103 12s. 3d.

**Persons in need of Care and Attention.** In order to avoid delay which would be likely to occur in dealing with urgent cases under Section 47 of the National Assistance Act, 1948, the powers and duties of the Council in this respect have been delegated to the Welfare Services Sub-Committee of the Health Committee. (Council minute 6-12-48).

Further, the Medical Officer of Health was authorised to make application to a court of summary jurisdiction or to a single justice of the peace and to take all necessary steps in accordance with the expedited procedure under the National Assistance (Amendment) Act, 1951. (Council minute 4-3-52).

No new cases were dealt with in 1952.

**Burial of the Dead.** During 1952 it was necessary for the Local Authority to arrange burials in accordance with Section 50 of the National Assistance Act, 1948, on seven occasions.

**Temporary Protection of Property.** A store at the rear of 87 Newland has been provided to meet the obligations of the Local Authority under Section 48 of the National Assistance Act, 1948, to take reasonable steps to prevent or mitigate loss or damage to movable property of persons admitted to hospital, etc.

These premises are also utilised for the storage of bedsteads, bedding, etc., in connection with temporary accommodation reserved at certain buildings in the County Borough to meet exceptional circumstances, such as flooding, or to provide shelter for other persons in urgent need in circumstances which cannot reasonably be foreseen.

**Moral Welfare.** The Welfare Officer investigated the circumstances of twelve cases during 1952. Nine of these girls were admitted to homes towards which the Council contributed some part of the cost of maintenance for a period usually not exceeding sixteen weeks, *i.e.*, approximately four weeks before and twelve weeks after confinement.



## XII.—STATISTICAL TABLES

TABLE 1. ENGLAND AND WALES AND NORTHAMPTON C.B., 1943–1952.  
BIRTH-RATES IN EACH YEAR OF THE DECENNium.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
England and Wales .....	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8	15.5	15.3
Northampton .....	17.9	20.7	18.1	20.5	21.9	17.5	15.8	14.2	14.6	14.1

TABLE 2. ENGLAND AND WALES AND NORTHAMPTON C.B., 1943–1952.  
ILLEGITIMATE LIVE BIRTHS EXPRESSED AS A PERCENTAGE OF TOTAL LIVE BIRTHS.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
England and Wales .....	6.4	7.3	9.3	6.6	5.3	5.4	5.1	5.1	4.8	4.6
Northampton .....	7.3	9.4	10.6	7.1	5.3	6.0	5.4	5.7	5.8	5.5

TABLE 3. ENGLAND AND WALES AND NORTHAMPTON C.B., 1943–1952.  
DEATH-RATES IN EACH YEAR OF THE DECENNium.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
England and Wales .....	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5	11.3
Northampton .....	13.1	12.2	12.9	12.0	12.3	11.5	12.1	12.0	13.6	11.8

TABLE 4. NORTHAMPTON C.B., 1952. METEOROLOGICAL DATA.

MONTH	RAINFALL			Days on which 0.01 in. or more fell	TEMPERATURE				No. of Nights at or below 32 deg. F.	DIRECTION OF WIND				BRIGHT SUNSHINE*			
	Total inches	Greatest in 24 hours			Mean	Maximum		Minimum		SW. Quadrant including W. Days	SE. Quadrant including S. Days	NE. Quadrant including E. Days	NW. Quadrant including N. Days	Hours	Mins.		
		Depth	Date			Deg.	Date									Deg.	Date
January .....	1.81	0.25	4	21	37.7	53.0	15	21.0	26	13	8	2	5	16			
February .....	0.69	0.20	10	12	37.8	52.5	29	26.0	12	15	3	1	4	21			
March .....	2.79	0.55	9	21	44.0	59.5	8	29.0	27	8	7	11	7	6			
April .....	2.09	0.45	6	15	51.6	74.0	19	32.0	2	1	7	5	7	11			
May .....	2.57	0.60	19	18	57.3	82.0	17	42.5	5	—	8	7	7	9			
June .....	1.04	0.20	25	14	60.7	84.5	28	42.0	15	—	8	3	3	16			
July .....	0.33	0.22	11	3	64.7	87.0	1	47.5	15	—	6	1	9	15			
August .....	4.00	1.25	4	17	64.1	78.0	{ <sup>12, 22</sup> <sub>23</sub>	46.5	20	—	14	4	6	7			
September .....	2.59	0.58	7	22	52.6	71.0	{ <sup>1, 3</sup> <sub>23</sub>	36.0	{ <sup>17, 18</sup> <sub>19</sub>	—	4	2	8	16			
October .....	3.29	0.62	12	17	48.5	61.0	4	30.0	14	4	8	8	4	11			
November .....	3.43	0.70	19	18	44.0	56.0	2	21.0	24	15	4	3	6	17			
December .....	2.63	0.50	18	21	37.4	51.0	22	23.0	1	14	13	—	4	14			
Year 1952 .....	27.26	1.25	Aug. 4	199	50.0	87.0	July 1	21.0	Jan. 26 Nov 24	70	90	47	70	159			



TABLE 5. NORTHAMPTON C.B., 1952.  
SUMMARY OF ROUTINE WORK OF THE SANITARY INSPECTORS.

<i>Nature of Visit, Inspection, etc.</i>	<i>Number of Visits, etc.</i>
<i>General Sanitation</i>	
Water supply .....	113
Drainage .....	530
Stables and piggeries .....	37
Offensive trades .....	57
Common lodging houses .....	98
Houses let in lodgings .....	43
Tents, vans, sheds, etc. ....	16
Factories .....	532
Workplaces .....	50
Outworkers .....	690
Bakehouses .....	135
Public conveniences .....	52
Cinemas, theatres, etc. ....	22
Accumulations of refuse, etc. ....	15
Rodent control .....	1775
Smoke observations .....	192
Schools .....	9
Shops .....	23
Swimming baths .....	12
Canal boats .....	111
Miscellaneous sanitary visits .....	1553
<i>Housing</i>	
Under Public Health Acts :—	
Houses inspected .....	973
Visits and revisits .....	3083
Under Housing Acts :—	
Houses inspected .....	74
Visits and revisits .....	123
Overcrowding :—	
Houses inspected .....	87
Visits and revisits .....	186
New cases of overcrowding discovered .....	28
Miscellaneous housing visits .....	141
<i>Disinfestation</i>	
Verminous houses treated .....	126
Visits and revisits to above houses .....	255
Anti-fly treatment of shops and other premises .....	82
Visits and revisits to above premises .....	132
<i>Notifiable Diseases</i>	
Inquiries into cases .....	433
Visits <i>re</i> disinfection .....	351
Miscellaneous visits .....	171

*Continued on next page*

TABLE 5—continued.

<i>Nature of Visit, Inspection, etc.</i>	Number of Visits, etc.
<i>Meat and Food Inspection</i>	
Inspection of meat :—	
Visits to slaughterhouses .....	1397
Visits to shops and stalls .....	37
Visits to other premises .....	34
Visits to :—	
Butchers .....	226
Fishmongers and poulterers .....	86
Fried fish shops .....	71
Grocers .....	265
Greengrocers and fruiterers .....	16
Dairies and milkshops .....	251
Ice cream premises .....	116
Food preparing premises .....	134
Licensed premises .....	170
Market stalls .....	197
Restaurants .....	199
Street vendors and hawkers .....	3
Miscellaneous food visits .....	171
Seizure certificates issued .....	0
Surrender notes issued .....	3107
<i>Samples Taken</i>	
Food and drugs .....	337
Pasteurised milk for phosphatase test .....	479
Milk for methylene blue test .....	489
Sterilised milk for turbidity test .....	52
Milk for tubercle bacilli .....	10
Ice cream .....	63
Other food for bacteriological examination .....	39
Fertilisers and feeding stuffs .....	7
Swimming bath water .....	4
Water from Town mains .....	101
Water from wells .....	0
<i>Notices Served</i>	
Informal notices :—	
Served .....	407
Complied with .....	130
Outstanding at end of year .....	85
Statutory notices :—	
Served .....	192
Complied with .....	228
Outstanding at end of year .....	37
<i>Summary</i>	
Total number of inspections and visits .....	15415



TABLE 6. NORTHAMPTON C.B., 1952.

## RECONSTRUCTION OF DRAINS.

SITUATION OF PREMISES	NO. OF HOUSES
Hazelwood Road, 31, 33, 35, 37 .....	4
Headlands, 25, 27, 29, 31, 33, 35 .....	6
Kerr Street, 35 .....	1
Market Square, 27 .....	1
Marriott Street, " White House " .....	1
Pike Lane, 5 .....	1
Total .....	14

TABLE 7. NORTHAMPTON C.B., 1952.

HOUSING ACT, 1936. HOUSES REPRESENTED DURING 1952.

SUBSEQUENT ACTION AND CONDITION AT THE END OF 1952.

HOUSES	DATE OF		REMARKS
	Representations	Demolition Orders	
Bath Square, 2	9-4-52	23-6-52	Vacant
Bath Square, 3	9-4-52	23-6-52	Vacant
Bath Square, 4	9-4-52	23-6-52	Vacant
Bath Square, 5	9-4-52	23-6-52	Vacant
Bath Square, 6	9-4-52	23-6-52	Vacant
Bath Square, 7	9-4-52	23-6-52	Vacant
Bath Square, 8	9-4-52	23-6-52	Vacant
Bath Square, 9	9-4-52	23-6-52	Vacant
Bath Square, 10	9-4-52	23-6-52	Vacant
Bath Square, 11	9-4-52	23-6-52	Vacant
Bath Square, 12	9-4-52	23-6-52	Vacant
Compton Street, 3	2-7-52	*	Vacant
Compton Street, 5	2-7-52	*	Vacant
Compton Street, 11	2-7-52	*	Vacant

\* Undertaking given by owner not to use premises again for human habitation.

*Continued on next page*

TABLE 7—*continued.*

HOUSES	DATE OF		REMARKS
	Representations	Demolition Orders	
Compton Street, 13	2-7-52	*	Vacant
Compton Street, 15	2-7-52	*	Vacant
Compton Street, 17	2-7-52	*	Vacant
Compton Street, 19	2-7-52	*	Vacant
Compton Street, 21	2-7-52	*	Vacant
Compton Street, 23	2-7-52	*	Vacant
Compton Street, 25	2-7-52	*	Occupied
Compton Street, 27	2-7-52	*	Occupied
Compton Street, 29	2-7-52	*	Occupied
Compton Street, 31	2-7-52	*	Occupied
Compton Street, 33	2-7-52	*	Occupied
Compton Street, 35	2-7-52	*	Occupied
Compton Street, 37	2-7-52	*	Occupied
Compton Street, 39	2-7-52	*	Occupied
Compton Street, 41	2-7-52	*	Vacant
Compton Street, 43	2-7-52	*	Vacant
Compton Street, 45	2-7-52	*	Occupied
Compton Street, 47	2-7-52	*	Vacant
Compton Street, 49	2-7-52	*	Vacant
Compton Street, 51	2-7-52	*	Vacant
Compton Street, 53	2-7-52	*	Vacant
Compton Street, 55	2-7-52	*	Occupied
Francis Street, 14	2-7-52	17-9-52	Occupied
Francis Street, 16	2-7-52	17-9-52	Vacant
Francis Street, 18	2-7-52	17-9-52	Vacant
Francis Street, 33	3-12-52	—	Vacant
Gas Street, 12	3-12-52	—	Vacant
Kingswell Street, 52	11-6-52	*	Vacant
Swan Street, 59	6-2-52	5-5-52	Vacant
Swan Street, 61	6-2-52	5-5-52	Vacant
Swan Street, 65	6-2-52	5-5-52	Vacant
Upper Harding St., 21	9-4-52	*	Vacant
Upper Harding St., 23	9-4-52	*	Vacant
Upper Harding St., 25	9-4-52	*	Vacant
Upper Harding St., 27	9-4-52	*	Vacant
Upper Harding St., 29	9-4-52	*	Vacant
Upper Harding St., 31	9-4-52	*	Vacant
Upper Harding St., 33	3-9-52	*	Vacant

\*Undertaking given by owner not to use premises again for human habitation.



TABLE 8. NORTHAMPTON C.B., 1939-1952.  
HOUSING ACT, 1936. HOUSES REPRESENTED PRIOR TO 1952.  
SUBSEQUENT ACTION AND CONDITION AT THE END OF 1952.

HOUSES	DATE OF		REMARKS
	Representations	Demolition Orders	
Bath Street, 20	2-11-49	*	Vacant and derelict
Bath Street, 97	3-10-51	—	Demolished
Bearward Street, 17	30-6-48	*	Demolished
Bull Head Lane, 27	3-3-48	26-7-48	Vacant
Carlton Place, 3	1-2-50	*	Occupied
Carlton Place, 5	1-2-50	*	Vacant
Carlton Place, 7	4-1-50	*	Vacant
Carlton Place, 9	4-1-50	*	Vacant
Carlton Place, 11	1-2-50	*	Occupied
Carlton Place, 13	1-2-50	*	Vacant
Compton Street, 7	7-3-51	*	Vacant
Compton Street, 9	7-3-51	*	Vacant
Compton Street, 57	4-7-51	4-2-52	Vacant
Compton Street, 59	8-11-50	*	Vacant
Francis Street, 2	10-11-48	31-1-49	Vacant
Francis Street, 4	1-12-48	7-3-49	Vacant
Francis Street, 6	1-2-50	*	Vacant
Francis Street, 8	5-1-49	5-4-49	Vacant
Francis Street, 10	2-2-49	25-4-49	Vacant
Francis Street, 12	30-11-49	—	Vacant
Horsemarket, 40	7-11-51	4-2-52	Demolished
Horsemarket, 40A/42	7-11-51	—	Demolished
Horsemarket, 44	7-11-51	—	Demolished
King Street, 30	7-11-51	4-2-52	Demolished
King Street, 32	7-11-51	4-2-52	Demolished
King Street, 34	7-11-51	4-2-52	Demolished
King Street, 36	7-11-51	4-2-52	Demolished
King Street, 38	7-11-51	4-2-52	Demolished
King Street, 40	7-11-51	4-2-52	Demolished
King Street, 42	7-11-51	4-2-52	Demolished
King Street, 44	7-11-51	4-2-52	Demolished
King Street, 46	7-11-51	4-2-52	Demolished
Monks Pond Street, 6	1-2-50	*	Being demolished
Monks Pond Street, 8	1-2-50	*	Being demolished
Monks Pond Street, 10	1-2-50	*	Being demolished
Monks Pond Street, 14	2-11-49	30-1-50	Being demolished
Monks Pond Street, 16	1-2-50	*	Occupied
Regent Street, 58	3-3-48	31-5-48	Vacant

\* Undertaking given by owner not to use premises again for human habitation.

*Continued on next page*

TABLE 8—*continued.*

HOUSES	DATE OF		REMARKS
	Representations	Demolition Orders	
St. James' Square (St. James' Road), 3	4-1-50	*	Vacant
St. James' Square (St. James' Road), 4	4-1-50	*	Vacant
St. John's Terrace, 11	5-12-51	*	Vacant
St. Katharine's Terrace, 1	3-10-51	7-1-52	Demolished
St. Katharine's Terrace, 2	3-10-51	7-1-52	Demolished
St. Katharine's Terrace, 3	11-4-51	7-1-52	Demolished
St. Katharine's Terrace, 4	11-4-51	7-1-52	Demolished
Scarletwell Street, 8	12-4-39	—	Occupied
Scarletwell Street, 19	3-3-48	*	Vacant
Scarletwell Street, 20	2-6-48	26-7-48	Vacant
Scarletwell Street, 24	3-3-48	3-5-48	Vacant
Scarletwell Street, 40	2-6-48	26-7-48	Vacant and derelict
Scarletwell Street, 67	16-9-42	—	Demolished
Scarletwell Street, 71	3-3-48	3-5-48	Demolished
Swan Street, 63	6-6-51	4-2-52	Vacant
Swan Street, 66	2-11-49	30-1-50	Vacant
Swan Street, 67	4-7-51	4-2-52	Vacant
Swan Street, 68	2-11-49	30-1-50	Vacant
Swan Street, 69	4-7-51	4-2-52	Vacant
Swan Street, 71	6-6-51	4-2-52	Vacant
Wellington Street, 28	1-2-50	3-7-50	Occupied
Wellington Street, 30	1-2-50	3-7-50	Occupied
Wellington Street, 34	1-2-50	3-7-50	Vacant

\* Undertaking given by owner not to use premises again for human habitation.



TABLE 9. NORTHAMPTON C.B., 1952.

## ADMINISTRATION OF THE FACTORIES ACT, 1937.

1.—*Inspections made by the Sanitary Inspectors for purposes of provisions as to health.*

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
Factories in which Sections 1, 2, 3, 4, and 6 are enforced by the Local Authority .....	96	112	2	—
Factories not included above in which Section 7 is enforced by the Local Authority .....	647	412	10	—
Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises, but including electrical stations, institutions, and sites of building operations and works of engineering construction) .....	17	8	4	—
TOTALS .....	760	532	16	—

2.—*Cases in which defects were found.*

Particulars	Number of defects				Cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) .....	13	11	—	2	—
Overcrowding (S.2) .....	—	—	—	—	—
Unreasonable temperature (S.3) .....	—	1	—	2	—
Inadequate ventilation (S.4) .....	—	—	—	1	—
Ineffective drainage of floors (S.6) .....	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient .....	7	7	—	2	—
(b) Unsuitable or defective .....	19	17	—	20	—
(c) Not separate for sexes .....	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) .....	—	—	—	—	—
TOTALS .....	39	36	—	27	—

*Continued on next page*

TABLE 9—*continued.*3.—*Outwork (Sections 110 and 111).*

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list	Cases of default in sending lists	Prosecutions for failure to supply lists	Instances of work in unwholesome premises	Notices served	Prosecutions
Making, etc., of wearing apparel .....	339	—	—	—	—	—
Household linen .....	3	—	—	—	—	—
Curtains and furniture hangings .....	3	—	—	—	—	—
Carding, etc., of buttons, etc. ....	3	—	—	—	—	—
TOTALS .....	348	—	—	—	—	—



TABLE 10. NORTHAMPTON C.B., 1952.

## UN SOUND FOOD VOLUNTARILY SURRENDERED.

NATURE OF FOOD	WEIGHT			
	TONS	CWT.	QR.	LB.
Beef, home killed .....	19	7	2	25
Beef, imported .....	—	4	3	10
Mutton, home killed .....	5	4	2	14
Mutton, imported .....	—	—	—	21
Offal, home killed .....	59	2	0	17
Offal, imported .....	—	—	—	27
Pork, home killed .....	5	18	0	14
Pork, imported .....	—	7	2	0
Veal, home killed .....	—	14	3	26
Bacon .....	—	1	1	9
Cake and pudding mixtures .....	—	1	3	0
Cheese .....	—	1	0	0
Condiments .....	—	—	—	15
Confectionery .....	3	9	3	15
Fish, wet .....	2	11	1	4
Flour and cereals .....	—	3	2	23
Fruit .....	—	1	1	17
Ham, cooked .....	1	7	1	9
Poultry and game .....	—	3	1	12
Prepared meat products .....	—	19	1	8
Shell-fish .....	—	9	0	12
Sugar .....	—	—	—	22
Tea .....	—	—	—	15
Vegetables .....	—	—	2	10
Total .....	100	10	3	17

Also :—19,995 tins and jars of food.

3,107 surrender notes were issued in connection with the above unsound food.

There were no seizures.

TABLE 11. NORTHAMPTON C.B., 1952.

## CARCASSES INSPECTED AND CONDEMNED.

	CATTLE, EX- CLUDING COWS	COWS	CALVES	SHEEP AND LAMBS	PIGS	TOTALS
Number killed .....	6,137	2,513	6,819	28,003	8,875	52,347
Number inspected .....	6,137	2,513	6,819	28,003	8,875	52,347
<i>All diseases except Tuberculosis :—</i> Whole carcasses con- demned .....	5	4	47	249	19	324
Carcases of which some part or organ was con- demned .....	1,964	1,062	59	2,658	478	6,221
Percentage of the number inspected affected with disease other than tuberculosis .....	32.1	42.4	1.6	10.4	5.6	12.5
<i>Tuberculosis only :—</i> Whole carcasses con- demned .....	15	21	1	0	11	48
Carcases of which some part or organ was con- demned .....	778	739	0	0	453	1,970
Percentage of the num- ber inspected affected with tuberculosis .....	12.9	30.2	0.01	0.0	5.2	3.9



TABLE 12. NORTHAMPTON C.B., 1952.

## FOOD AND DRUGS. SAMPLES TAKEN FOR ANALYSIS.

NATURE OF SAMPLE	FORMAL SAMPLES		INFORMAL SAMPLES	
	TOTAL NUMBER	NO. NOT GENUINE	TOTAL NUMBER	NO. NOT GENUINE
Baking powder .....	—	—	2	1
Beer .....	1	—	—	—
Cake, etc., mixtures .....	1	—	10	—
Cheese spread .....	—	—	3	1
Coffee .....	1	—	1	—
Confectionery .....	3	—	2	—
Dripping .....	1	—	—	—
Fish pastes, etc. ....	5	—	10	—
Flavours, essences, etc. ....	—	—	4	—
Flour, cereals, etc. ....	4	—	3	—
Gelatine .....	—	—	1	—
Ground almonds .....	1	—	1	—
Honey .....	—	—	1	—
Ice cream .....	4	—	1	—
Jam, preserves, etc. ....	7	—	6	—
Jelly .....	—	—	5	—
Margarine .....	1	—	—	—
Milk .....	174	25	3	—
Mincemeat .....	2	—	2	—
Miscellaneous .....	—	—	5	—
Orange squash, etc. ....	2	—	2	—
Prepared meat products .....	9	—	4	—
Sauces, spices, condiments .....	8	—	16	—
Sausages, sausage meat .....	9	1	2	—
Spirits .....	4	—	1	—
Sundry drugs and medicines	—	—	14	—
Tea .....	1	—	—	—
Totals .....	238*	26	99*	2

\* A total of 337 samples, 28 of which (8.3 per cent.) were found to be not genuine.

TABLE 13. NORTHAMPTON C.B., 1952.  
CLINICAL BACTERIOLOGY. SUMMARY OF REPORTS.

DIPHThERIA— Throat and Nose Secretions				TYPHOID, DYSENTERY, ETC.— Fæces, etc.				OTHER CONDITIONS				TOTALS			
Suspected Cases	Reports received			Suspected Cases	Reports received			Suspected Cases	Reports received			Suspected Cases	Reports received		
	Positive	Negative	Total		Positive	Negative	Total		Positive	Negative	Total		Positive	Negative	Total
81	1	101	102	174	8	198	206	11	5	8	13	266	14	307	321

TABLE 14. ENGLAND AND WALES AND NORTHAMPTON C.B., 1943–1952.  
CANCER DEATH-RATES IN EACH YEAR OF THE DECENNIIUM.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
England and Wales .....	1·90	1·90	1·95	1·84	1·85	1·86	1·87	1·99	1·96	1·99
Northampton .....	2·04	1·73	1·91	1·87	1·58	1·91	1·58	2·04	2·08	1·96



TABLE 15. ENGLAND AND WALES AND NORTHAMPTON C.B., 1943-1952.

TOTAL TUBERCULOSIS DEATH-RATES IN EACH YEAR OF THE DECENNIUM.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
England and Wales .....	0.67	0.62	0.62	0.54	0.55	0.51	0.45	0.36	0.31	0.24
Northampton .....	0.65	0.65	0.72	0.55	0.51	0.41	0.36	0.36	0.35	0.29

TABLE 16. NORTHAMPTON C.B., 1952.

TUBERCULOSIS. CLASSIFICATION OF NEW CASES.

CLASSIFICATION	NOTIFIED CASES			DEATHS OF CASES NOT NOTIFIED		
	M.	F.	TOTAL	M.	F.	TOTAL
RESPIRATORY TUBERCULOSIS .....	61	42	103*	5	1	6*
OTHER FORMS :—						
Meninges and Brain .....	3	—	3	—	—	—
Peritoneum and Intestines .....	—	—	—	—	1	1
Bones and Joints .....	6	1	7	—	—	—
Cervical Glands .....	3	1	4	—	1	1
Other Organs .....	2	—	2	—	—	—
Totals .....	75	44	119	5	3	8

\* A total of 109 new cases of respiratory tuberculosis.

TABLE 17. NORTHAMPTON C.B., 1952.

## RESPIRATORY TUBERCULOSIS. OCCUPATIONAL INCIDENCE.

OCCUPATION	NEW CASES	OCCUPATION	NEW CASES
Shoe Operatives :—			
(a) Clicker .....	1	Labourer .....	1
(b) Laster .....	1	Last Maker .....	1
(c) Finisher .....	5	Laundry Hand .....	2
(d) Roughstuff and Pressman .....	—	Leather Dresser .....	1
(e) Warehouse and General .....	7	Market Gardener .....	2
(f) Female Worker .....	6	Nurse .....	1
	20	Packer .....	1
Bookbinder .....	1	Plasterer .....	1
Brewery Worker .....	1	Police Officer .....	1
Bricklayer .....	1	Printer .....	1
Builder and Decorator .....	1	Publican .....	1
Caretaker .....	1	Radio Engineer .....	1
Clerk .....	9	School Child .....	3
Departmental Manager .....	1	School Teacher .....	1
Dispatcher .....	1	Sheet Metal Worker .....	1
Dress Cutter .....	1	Shop Assistant .....	1
Dress Machinist .....	2	Storekeeper .....	2
Dress Presser .....	1	Tailor .....	1
Dressmaker .....	1	Tool Setter .....	1
Driller .....	1	Van Driver .....	1
Electrician .....	1	Warehouseman .....	1
Engine Fitter .....	1	Water Inspector .....	1
Engineer .....	4	No Occupation .....	12
Ex-service .....	3	Not Ascertained .....	2
Furrier .....	1		
Garage Hand .....	1		
Gold Stamper .....	1		
Hairdresser .....	1		
Hospital Porter .....	1		
Housewife .....	12	TOTAL .....	109



TABLE 18. NORTHAMPTON C.B., 1952.

## TUBERCULOSIS. AGE GROUPS FOR NEW CASES AND DEATHS.

AGE PERIODS	NEW CASES				DEATHS			
	RESPIRATORY		NON-RESPIRATORY		RESPIRATORY		NON-RESPIRATORY	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year .....	1	—	—	—	—	—	—	—
1-5 years .....	—	2	5	—	—	—	—	—
5-10 years .....	1	1	3	1	}	—	—	—
10-15 years .....	—	2	—	—		—	—	—
15-20 years .....	6	7	2	—	}	1	—	1
20-25 years .....	6	12	—	—		—	—	—
25-35 years .....	21	9	1	2	}	3	3	1
35-45 years .....	6	6	1	—		—	—	—
45-55 years .....	10	1	1	—	}	9	2	—
55-65 years .....	12	1	1	—		—	—	—
65 and upwards .....	3	2	—	1	5	3	—	—
Totals .....	66	43	14	4	18	8	1	3

TABLE 19. ENGLAND AND WALES AND NORTHAMPTON C.B., 1943-1952.

## INFANT MORTALITY IN EACH YEAR OF THE DECENNIUM.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
England and Wales .....	49.1	45.4	46.0	42.9	41.4	33.9	32.4	29.8	29.6	27.6
Northampton .....	39.2	46.3	40.3	45.9	33.3	37.3	29.8	18.6	29.7	21.8

TABLE 20. NORTHAMPTON C.B., 1948-1952.

## INFANT MORTALITY. CAUSES OF DEATH.

CAUSES OF DEATH	1948	1949	1950	1951	1952
Bronchitis .....	2	4	—	1	1
Congenital Malformations .....	21	10	6	11	4
Diphtheria .....	—	—	—	—	—
Gastritis, Enteritis, and Diarrhœa .....	6	5	—	1	1
Measles .....	—	—	—	—	—
Pneumonia .....	16	5	5	5	5
Tuberculous Diseases .....	—	—	—	—	—
Violence* .....	1	1	—	—	—
Whooping Cough .....	2	—	—	2	—
All Other Causes, including Premature Birth .....	20	24	17	25	21
TOTAL DEATHS .....	68	49	28	45	32
TOTAL LIVE BIRTHS .....	1825	1646	1502	1514	1467
INFANT MORTALITY .....	37.3	29.8	18.6	29.7	21.8

\* Neither of these violent deaths was caused by a motor vehicle accident.

TABLE 21. NORTHAMPTON C.B., 1952.

## LIVE BIRTHS AND STILLBIRTHS REGISTERED AND NOTIFIED.

	MALES	FEMALES	TOTALS
Number of Live Births Registered .....	764	703	1467
Number of Stillbirths Registered .....	15	24	39
Total Number of Births Notified .....	1373	1233	2606
Number of Live Births Notified .....	1343	1194	2537
Number of Stillbirths Notified .....	30	39	69



TABLE 22. NORTHAMPTON C.B., 1952.

## NOTIFICATION OF BIRTHS.

## SOURCES OF NOTIFICATION.

	NUMBER	PER CENT.
Medical Practitioners .....	—	—
Certified Midwives .....	2603	99.9
Parents and Others .....	3	0.1
Totals .....	2606	100.0

TABLE 23. NORTHAMPTON C.B., 1952.

## CHILD WELFARE CENTRES. STATISTICS.

CENTRE	DAY OF MEETING	AVERAGE ATTENDANCE PER WEEK				Average Number seen by Doctor per Session
		Mothers (incl. Expectant Mothers)	Babies	Toddlers	Total Babies and Toddlers	
Abington Avenue .....	Thursday .....	61	39	33	72	22
Broadmead .....	Monday .....	34	24	16	40	15
Dallington .....	Thursday .....	60	50	19	69	22
Doddridge Memorial .....	Wednesday .....	72	48	39	87	21
Far Cotton .....	Monday .....	46	37	15	52	20
Far Cotton .....	Wednesday .....	34	29	13	42	19
Kingsley Park .....	Monday .....	41	26	22	48	17
Kingsthorpe .....	Tuesday .....	64	45	24	69	30
St. David's .....	Friday .....	41	32	27	59	17
*St. Edmund's .....	Friday .....	34	22	15	37	17
St. Giles' Street .....	Wednesday .....	56	43	17	60	19
St. Sepulchre's .....	Wednesday .....	50	38	16	54	15
St. Sepulchre's .....	Friday .....	55	40	20	60	20
*Victoria .....	Tuesday .....	45	29	19	48	20
Wheatfield Road .....	Friday .....	44	18	33	51	17
	Totals .....	737	520	328	848	291

\* Held at St. Giles' Street Infant Welfare Centre.

TABLE 24. ENGLAND AND WALES AND NORTHAMPTON C.B., 1943-1952.

MATERNAL MORTALITY\* IN EACH YEAR OF THE DECENNium.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
England and Wales .....	2.29	1.93	1.79	1.43	1.17	1.02	0.98	0.86	0.79	0.72
Northampton .....	3.30	0.94	—	0.47	0.86	0.54	—	0.65	1.29	—

\* Calculated per 1,000 total (live and still) births registered and including deaths from abortion.

TABLE 25. NORTHAMPTON C.B., 1952.

## SUMMARY OF DENTAL WORK.

	EXPECTANT AND NURSING MOTHERS	CHILDREN UNDER 5 YEARS	TOTALS
<i>Number provided with Dental Care :—</i>			
Examined .....	22	485	507
Needing treatment .....	22	442	464
Treated .....	22	414	436
Made dentally fit .....	3	294	297
Attendances .....	85	1113	1198
<i>Forms of Dental Treatment provided :—</i>			
Extractions .....	84	468	552
Anæsthetics :—			
Local .....	16	90	106
General .....	9	197	206
Fillings .....	20	6	26
Scalings or scaling and gum treatment .....	2	—	2
Silver nitrate treatment .....	4	1360	1364
Dressings .....	35	95	130
Radiographs .....	3	—	3
Dentures provided :—			
Complete .....	4	—	4
Partial .....	8	—	8
Dentures repaired .....	—	—	—



**TABLE A.**  
**COUNTY BOROUGH OF NORTHAMPTON**  
**Vital Statistics during 1952 and Previous Years**

Year	Total Population estimated to Middle of each Year	Live Births			Total Deaths registered in the District		Transferable Deaths		Nett Deaths belonging to the District			
		Uncorrected Number	Nett		Number	Rate	Non-residents registered in the District	Residents not registered in the District	Under One Year		At all Ages	
			Number	Rate					Number	Rate per 1,000 Live Births	Number	Rate
1921	92300	1924	1881	20.4	1022	11.1	123	65	124	65.9	964	10.4
1922	92950	1697	1646	17.7	1108	11.9	116	54	86	52.2	1046	11.3
1923	93230	1723	1662	17.8	1177	12.6	140	49	95	57.2	1086	11.6
1924	93800	1591	1534	16.4	1143	12.2	149	42	80	52.1	1036	11.1
1925	93970	1531	1471	15.6	1229	13.1	167	54	98	66.6	1116	11.9
1926	93740	1393	1309	14.0	1163	12.4	174	75	72	55.0	1064	11.4
1927	93260	1362	1281	13.7	1248	13.4	170	46	78	60.9	1124	12.0
1928	94270	1366	1308	13.9	1204	12.8	207	63	70	53.5	1060	11.3
1929	94180	1332	1249	13.3	1269	13.5	226	50	66	52.8	1093	11.6
1930	93460	1334	1224	13.1	1217	13.0	193	48	69	56.4	1072	11.5
1931	92970	1307	1233	13.3	1243	13.4	205	53	87	70.6	1091	11.8
1932	96730	1326	1244	13.0	1265	13.2	207	50	80	64.3	1108	11.6
1933	96630	1236	1152	11.9	1277	13.2	236	50	52	45.1	1091	11.3
1934	96550	1298	1180	12.2	1344	13.9	289	41	54	45.8	1096	11.4
1935	96700	1301	1155	11.9	1311	13.6	298	38	58	50.2	1051	10.9
1936	96300	1419	1204	12.5	1448	15.0	298	59	48	39.9	1209	12.6
1937	96360	1518	1197	12.4	1465	15.2	302	54	57	47.6	1217	12.6
1938	96540	1556	1203	12.5	1294	13.4	283	60	56	46.6	1071	11.1
1939	96440	1704	1190	12.3	1458	14.7	368	65	52	41.7	1155	11.6
1940	103700	1847	1229	11.9	1812	17.5	418	52	69	49.0	1446	13.9
1941	108930	2101	1282	11.8	1776	16.3	450	69	91	52.9	1395	12.8
1942	101800	2133	1597	15.7	1468	14.4	362	61	68	42.6	1167	11.5
1943	98150	2244	1761	17.9	1616	16.5	390	64	69	39.2	1290	13.1
1944	100040	2627	2074	20.7	1583	15.8	416	53	96	46.3	1220	12.2
1945	98520	2412	1788	18.1	1586	16.1	382	69	72	40.3	1273	12.9
1946	102760	2847	2111	20.5	1571	15.3	399	59	97	45.9	1231	12.0
1947	104480	3000	2283	21.9	1606	15.4	363	43	76	33.3	1286	12.3
1948	104380	2518	1825	17.5	1543	14.8	401	54	68	37.3	1196	11.5
1949	104300	2377	1646	15.8	1581	15.2	414	92	49	29.8	1259	12.1
1950	105490	2497	1502	14.2	1547	14.7	397	113	28	18.6	1263	12.0
1951	103700	2510	1514	14.6	1668	16.1	391	137	45	29.7	1414	13.6
1952	103700	2583	1467	14.1	1489	14.4	358	91	32	21.8	1222	11.8

This Table is arranged to shew the gross births and deaths in the district and the births and deaths properly belonging to it, with the corresponding rates.

The birth-rate and death-rate for 1932 are calculated on a mean population of 95,670 owing to the Borough extension on 1st April, 1932.

From 1921 to 1931 and also in 1939 the death-rates are based on the estimated civil populations supplied by the Registrar-General for that purpose. The population for death-rate calculation in 1939 was 99,290.

Non-civilian deaths are excluded during the years 1939 to 1949.

**NOTE.**—Tables B and C are inserted after Page 119.





NORTHAMPTON COUNTY BOROUGH  
EDUCATION COMMITTEE



# ANNUAL REPORT

UPON THE

## SCHOOL HEALTH SERVICE

FOR THE YEAR 1952

BY

CARRICK G. PAYTON, M.D., Ch.B., D.P.H.

Medical Officer of Health  
School Medical Officer  
Chief Tuberculosis Officer  
Welfare Administrator

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TABLE OF CONTENTS—*see* page 6.

INTRODUCTION—*see* page 7.

**NORTHAMPTON COUNTY BOROUGH  
EDUCATION COMMITTEE**  
(*as constituted on 31st December, 1952*)

---

The Worshipful the Mayor  
(COUNCILLOR P. W. ADAMS, J.P.)

*Chairman :*

ALDERMAN W. H. PERCIVAL, J.P.

*Deputy-Chairman :*

ALDERMAN A. L. CHOWN

*Aldermen :*

C. A. CHOWN, J.P.

W. A. PICKERING

*Councillors :*

S. E. CLAYSON

J. B. CORRIN

SAUL DOFFMAN

N. W. HILLIER

S. KINCH

M. W. O'BRIEN

F. P. SAUNDERS

LEN SMITH

F. TOLLIT

E. F. TOMPKINS

A. WILSON, M.B., CH.B.

*Co-opted Members :*

MISS P. HENNINGS, M.B.E.

MRS. W. H. PERCIVAL

MR. C. H. EDWARDS

DR. E. E. FIELD, O.B.E., B.SC., F.R.G.S.

MR. E. HALL

MR. J. L. PIGGOTT

---

**Primary Education and Special Services Sub-Committee**

DR. FIELD (*Chairman*); ALDERMAN PICKERING ; COUNCILLORS CLAYSON, HILLIER, TOLLIT, and WILSON ; MRS. PERCIVAL, MR. HALL, and MR. PIGGOTT.

---

*Chief Education Officer :*

H. A. SKERRETT, B.A., A.R.HIST.S.



## STAFF OF SCHOOL HEALTH DEPARTMENT, 1952

*School Medical Officer* ..... CARRICK G. PAYTON, M.D., CH.B., D.P.H.

*Deputy School Medical Officer* RAYMOND J. DONALDSON, M.B., B.CH., D.P.H.

*Assistant School Medical Officer* ROBERT T. HICKS, O.B.E., M.R.C.S., L.R.C.P.

*Part-time Medical Officer* MARGARET O'CONNOR, L.R.C.P., L.R.C.S.

*Chief Dental Officer* ..... J. P. WILSON, L.D.S.R.C.S.

*Assistant Dental Officer* MRS. M. CANOVAN, L.D.S.

*Educational Psychologist\** MISS D. V. SCOTT, B.A. (Commenced 8/9/52)  
L. P. STAR, M.A., PH.D. (Resigned 31/8/52)

*Psychiatric Social Worker\** MISS E. E. BITCHENOR, B.A.

*Part-time Speech Therapist* MRS. B. A. GROSE

*School Nurses†* ..... MISS G. E. LANTSBERY  
MRS. A. J. MAPLEY  
MISS D. M. BURTON†

*Clerks* ..... MISS M. E. L. PHILLIPS (Senior Clerk)  
MISS A. E. SCOTTS  
MISS P. HOWKINS

*Clerks and Chairsides* MISS J. W. SEAMARK  
*Assistants* MISS J. THURGOOD

\* Under a joint scheme with Northamptonshire Education Authority.

† Holds Health Visitor's Certificate.

‡ Health Visitors (see page 15) also gave part-time assistance in school health service under a co-ordinated scheme.

## GENERAL INFORMATION, 1952

Home Population at all Ages (estimated at 30th June, 1952) 103,700

Estimated Child Population (30th June, 1952) :—

0-4 years inclusive .....	7,900
5-14 years inclusive .....	14,200

### PRIMARY SCHOOLS

*Number on Rolls*

Number of Schools .....	24
Number of Departments .....	35
Number on Rolls .....	9,989
Average Attendance .....	9,034 (90.4 per cent.)

### SECONDARY MODERN SCHOOLS

Number of Schools .....	8
Number of Departments .....	9
Number on Rolls .....	2,755
Average Attendance .....	2,525 (91.7 per cent.)

### GRAMMAR AND TECHNICAL SCHOOLS

Grammar School for Boys (Town and County) .....	713
Grammar School for Girls .....	457
Technical High School—Mixed .....	417

### SPECIAL SCHOOLS

Wellington Place .....	66
Open Air .....	102

### NURSERY SCHOOLS

Silver Street .....	76
Bush Hill .....	38
Delapre .....	38
Gloucester .....	37
Victoria Park .....	39
Wallace Road .....	39

Total Number on Rolls .....	14,766
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## COST OF SCHOOL HEALTH SERVICE

	£	s.	d.
Total Nett Cost (Year 1951/52) .....	10,603	1	11

# MEDICAL INSPECTION RETURNS

Year ended 31st December, 1952.

TABLE I. (MINISTRY OF EDUCATION)  
MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL  
SCHOOLS)

## A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups

Entrants .....	1,541
Second Age Group .....	1,016
Third Age Group .....	943
Total .....	3,500
Number of other Periodic Inspections .....	413
Grand Total .....	3,913

Parents present at the above inspections numbered 2,646 (67·6 per cent.).

## B.—OTHER INSPECTIONS

Number of Special Inspections .....	1,838
Number of Re-Inspections .....	3,741
Total .....	5,579

## C.—PUPILS FOUND TO REQUIRE TREATMENT

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL  
INSPECTION TO REQUIRE TREATMENT (excluding Dental Diseases and  
Infestation with Vermin)

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table II.A	Total individual pupils
Entrants .....	4	396	400
Second Age Group .....	51	130	171
Third Age Group .....	47	73	115
Total (prescribed groups) .....	102	599	686
Other Periodic Inspections .....	20	59	75
Grand Total .....	122	658	761



TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under ob- servation, but not requiring treatment	Requiring treatment	Requiring to be kept under ob- servation, but not requiring treatment
4	Skin .....	37	21	43	2
5	Eyes— <i>a.</i> Vision .....	122	31	490	7
	<i>b.</i> Squint .....	28	22	157	2
	<i>c.</i> Other .....	30	3	23	2
6	Ears— <i>a.</i> Hearing .....	9	35	9	5
	<i>b.</i> Otitis Media .....	25	20	19	1
	<i>c.</i> Other .....	8	8	40	—
7	Nose or Throat .....	199	138	103	8
8	Speech .....	13	27	22	10
9	Cervical Glands .....	56	130	16	1
10	Heart and Circulation .....	19	70	4	5
11	Lungs .....	47	119	31	13
12	Developmental—				
	<i>a.</i> Hernia .....	15	1	—	1
	<i>b.</i> Other .....	27	75	2	2
13	Orthopædic—				
	<i>a.</i> Posture .....	31	20	3	—
	<i>b.</i> Flat foot .....	58	17	5	—
	<i>c.</i> Other .....	75	57	20	4
14	Nervous system—				
	<i>a.</i> Epilepsy .....	—	3	2	3
	<i>b.</i> Other .....	10	43	2	16
15	Psychological—				
	<i>a.</i> Development .....	1	14	40	14
	<i>b.</i> Stability .....	8	26	14	17
16	Other .....	53	88	285	42

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants .....	1,541	623	40.4	906	58.8	12	0.8
Second Age Group	1,016	427	42.0	585	57.6	4	0.4
Third Age Group	943	540	57.3	402	42.6	1	0.1
Other Periodic Inspections .....	413	176	42.6	237	57.4	—	—
Total .....	3,913	1,766	45.1	2,130	54.4	17	0.5

TABLE III.  
INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons .....	33,440
(ii) Total number of <i>individual</i> pupils found to be infested .....	520
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	520
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

School nurses made 302 surprise visits to schools for the purpose of inspecting children's hair. The percentage of uncleanness found was 3·0, compared with 3·7 in 1951.

Printed instructions giving detailed methods of cleansing were issued to the parents of those children found to be infested. A DDT preparation was supplied on request.

Facilities are available at the School Clinic for children's hair to be treated by a trained nurse. 118 children were dealt with during 1952, compared with 99 in 1951.

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 1.—DISEASES OF THE SKIN (excluding Uncleanness, for which *see* Table III.)

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm— (i) Scalp .....	3	3
(ii) Body .....	34	8
Scabies .....	2	—
Impetigo .....	23	3
Other skin diseases .....	160	38
Total .....	222	52

## GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint .....	312	15
Errors of refraction (including squint) .....	—	893
Total .....	312	908
Number of pupils for whom spectacles were		
(a) Prescribed .....	—	626
(b) Obtained .....	—	438

## GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear .....	—	3
(b) for adenoids and chronic tonsillitis .....	—	691
(c) for other nose and throat conditions .....	—	21
Received other forms of treatment .....	162	72
Total .....	162	787

## GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals .....	44	
	by the Authority	otherwise
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments .....	131	649



## GROUP 5.—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	in the Authority's Child Guidance Clinics	elsewhere
Number of pupils treated at Child Guidance Clinics .....	49	—

## GROUP 6.—SPEECH THERAPY

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists .....	61	1

## GROUP 7.—OTHER TREATMENT GIVEN

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments .....	1,730	10
(b) Heart and circulation .....	3	18
(c) Lungs .....	36	42
(d) Developmental—		
Hernia .....	—	3
Other .....	—	24
(e) Nervous system—		
Epilepsy .....	—	4
Other .....	—	23
(f) Psychological—		
Development .....	—	—
Stability .....	—	9
(g) Other conditions .....	63	33
Totals .....	1,832	166

TABLE V.—DENTAL INSPECTION AND TREATMENT  
(This Table is printed on page 116).

### INCIDENCE OF NOTIFIABLE DISEASES

The table below gives a comparison of the cases of notifiable disease amongst the general population and school children during 1952 :—

NOTIFIABLE DISEASE	TOTAL CASES NOTIFIED (ALL AGES)	CASES AMONGST SCHOOL CHILDREN
Diphtheria .....	1	1
Dysentery .....	3	1
Food Poisoning .....	43	8
Measles .....	2,318	1,209*
Paratyphoid B .....	11	5
Pneumonia .....	67	13
Scarlet Fever .....	296	232
Whooping Cough .....	290	112*
Tuberculosis :—		
Respiratory .....	103	4
Other Forms .....	16	5

\*Most cases of measles and whooping cough over five years of age were not investigated. The figures given above relate to cases within the age-group five to fifteen years, whether investigated or not.

### CAUSES OF DEATH

The following table shews the principal causes of death amongst children of school age (five to fifteen years) for the fifteen-year period ended December, 1952 :—

CAUSE	1938–1947	1948	1949	1950	1951	1952	Total Deaths	Percent-age of Total
Violence .....	25	2	—	2	—	5	34	18.4
Tuberculosis .....	28	1	—	1	1	—	31	16.8
Heart Disease .....	14	1	—	—	—	—	15	8.1
Diphtheria .....	12	—	—	—	—	—	12	6.5
Pneumonia, Bronchitis, and Other Diseases of Respiratory System .....	10	—	1	—	—	1	12	6.5
Nephritis .....	5	—	—	—	—	—	5	2.7
Measles .....	1	—	—	—	—	—	1	0.5
Acute Poliomyelitis .....	—	—	1	—	—	—	1	0.5
Other Conditions .....	57	2	2	5	5	3	74	40.0
Totals .....	152	6	4	8	6	9	185*	100.0

\* 1.0 per cent. of the 18,888 deaths at all ages during the fifteen years.

### SCHOOL CLINIC ATTENDANCES

Schools	Children	Attendances		
		Treatment	Inspection	Totals
Maintained Primary and Secondary .....	4,217	10,502	2,559	13,061
Special .....	89	574	59	633
Nursery .....	284	352	269	621
Totals .....	4,590	11,428	2,887	14,315

### FOLLOWING-UP

Visits paid to primary, secondary, and special schools by doctors and nurses to follow up children found defective at medical inspection .....	169
Visits to homes :—	
By doctors .....	15
By nurses .....	832
Re-examinations made by doctors .....	3,221

In addition, the school nurses during 282 visits to schools made 2,354 other examinations and carried out 1,217 treatments.

### EAR NOSE AND THROAT CLINIC

705 children (684 primary and secondary, 7 special, and 14 nursery) were operated upon for tonsils and adenoids during 1952. The figure for 1951 was 546.

*See also* Table IV., Group 3, on page 107.

A children's ear nose and throat clinic is held at Northampton General Hospital each week, to which cases are referred.

### EYE CLINIC

The Ophthalmic Surgeon attended the School Clinic once or twice a week as required, by arrangement with the Regional Hospital Board. 804 children were examined. 772 were from primary and secondary schools, 21 from special, 5 from nursery, and 6 from a non-maintained school.

*See* Table IV., Group 2, on page 107.

An Orthoptic Clinic is held at Northampton General Hospital, to which cases are referred, when necessary, by the Ophthalmic Surgeon.



## CONJUNCTIVITIS

YEAR	NUMBER OF CASES
1943 .....	86
1944 .....	96
1945 .....	59
1946 .....	65
1947 .....	246
1948 .....	923
1949 .....	267
1950 .....	89
1951 .....	87
1952 .....	80
Total .....	<hr/> 1,998 <hr/>

The cases noted during 1952 are shewn below month by month :—

MONTH	NUMBER OF CASES
January .....	3
February .....	8
March .....	18
April .....	8
May .....	8
June .....	10
July .....	1
August .....	1
September .....	8
October .....	6
November .....	4
December .....	5
Total .....	<hr/> 80 <hr/>

This subject has been dealt with in the Annual Reports for 1948 onwards.

It will be noticed that although the number of cases has dropped considerably since 1948, there still remains a small reservoir of conjunctivitis in the schools. This must be regarded as a potential danger calling for constant vigilance, especially as the factor which causes this reservoir of infection to flare up suddenly to epidemic proportions is not fully understood. The measures already taken regarding the provision of paper towels and the supply of adequate hot water should help to minimise the risks.

### **CHILD GUIDANCE CLINIC**

This service is shared with Northamptonshire County Council. The Educational Psychologist sees children who shew any abnormality of behaviour and refers them to the Psychiatrist when necessary.

49 County Borough cases were referred ; 16 were examined by the Psychiatrist and 8 were awaiting examination.

### **SPEECH CLINIC**

This Clinic is held at 28 Billing Road, Northampton.

61 children were dealt with under speech therapy arrangements during 1952 and at the end of the year 38 were still under treatment.

### **SUNLIGHT CLINIC**

114 school children made 1,720 attendances in 1952 for ultra-violet light treatment at the School Clinic.

### **ORTHOPÆDIC TREATMENT**

44 Northampton children were under treatment at Manfield Orthopædic Hospital, or the John Greenwood Shipman Convalescent Home, during 1952.

648 local children attending maintained schools were treated at the Orthopædic Clinic as out-patients.

Remedial exercises for flat feet, round shoulders, etc., were given at the School Clinic to 129 children.

### **DIPHTHERIA IMMUNISATION**

140 children were immunised and 721 received reinforcing doses at the School Clinic.

There is record that 11,725 children in the age-group 5 to 14 years inclusive had been immunised by 31st December, 1952. This is 82.6 per cent. of the estimated population of 14,200 in this age-group.

**SCABIES**

Number of children from maintained schools treated under the Authority's scheme during the last ten years :—

YEARS	NUMBER OF CASES
1943 .....	802
1944 .....	529
1945 .....	287
1946 .....	229
1947 .....	157
1948 .....	83
1949 .....	52
1950 .....	11
1951 .....	5
1952 .....	2
Total .....	<hr/> 2,157 <hr/>

The 2 cases for 1952 received treatment from the School Clinic.

**RINGWORM OF THE SCALP**

Number of new cases from maintained schools treated under the Authority's scheme during the last ten years :—

YEARS	NUMBER OF CASES
1943 .....	19
1944 .....	84
1945 .....	138
1946 .....	104
1947 .....	80
1948 .....	19
1949 .....	13
1950 .....	8
1951 .....	5
1952 .....	3
Total .....	<hr/> 473 <hr/>

The 3 children in 1952 attended Northampton General Hospital for radiotherapy, but the preliminary treatment and epilation were carried out at the School Clinic. Three further cases were reported as receiving treatment at the hospital.

Three visits to schools were made by a medical officer to examine contacts under a Wood's glass. 417 children were examined, but no case was found.



**MILK-IN-SCHOOLS SCHEME**

Number of bottles of milk supplied to scholars ..... 2,243,730

This compares with 2,015,690 in 1951.

Each bottle consisted of one-third of a pint of pasteurised milk.

**FREE MEALS**

Number of children in receipt of free meals ..... 102

Total number of free meals supplied ..... 18,009

Number of centres where meals were prepared ..... 16

**WELLINGTON PLACE SPECIAL SCHOOL**

This School is for educationally subnormal children.

62 children were examined at routine medical inspections and the Deputy School Medical Officer paid 18 visits and made 76 special inspections or re-inspections.

There were 27 special inspections or re-inspections at the School Clinic.

15 children were examined by the Ophthalmic Surgeon.

13 visits were paid by school nurses, when 272 examinations were made.

These figures are included in the relative tables throughout this report.

**OPEN AIR RECOVERY SCHOOL**

25 visits were paid to this School by the Assistant School Medical Officers and 102 routine and 351 other examinations were carried out.

Special inspections and re-inspections at the School Clinic numbered 33.

6 children were examined by the Ophthalmic Surgeon.

149 visits were made by school nurses for general supervision ; 1,217 treatments were given and 592 other examinations conducted.

The above statistics are included in the relative tables earlier in this report.

**NURSERY SCHOOLS**

There are six nursery schools :—

Silver Street  
Bush Hill  
Delapre  
Gloucester  
Victoria Park  
Wallace Road

In addition, there is a Nursery Class attached to Bective Infants' and Junior Mixed School.

436 routine examinations, 8 special examinations, and 172 re-examinations were done at schools.

29 special inspections or re-inspections were made at the School Clinic.

5 children were examined by the Ophthalmic Surgeon.

14 were operated upon for tonsils and adenoids.

In addition, the school nurses paid 68 visits for general supervision or cleanliness surveys and made 1,928 examinations.

### OTHER EXAMINATIONS

There were 368 special examinations at the School Clinic during 1952. These included examinations of handicapped children, candidates for juvenile employment, children being boarded out, teachers, etc.

The medical examination of entrants to courses of training for teaching and of candidates in connection with employment as teachers is now undertaken by the School Health Service.

### INQUIRIES BY N.S.P.C.C.

The Local Inspector of the National Society for the Prevention of Cruelty to Children made inquiries and visits on behalf of the Education Authority into conditions involving 10 families (16 children). These were mostly cases of neglect and appear to have been dealt with satisfactorily.

### NON-MAINTAINED SECONDARY SCHOOL

Notre Dame High School for Girls was visited twice during 1952 by an Assistant School Medical Officer.

200 routine examinations, 1 special, and 104 re-examinations were made at school.

### HANDICAPPED PUPILS

The several categories of handicapped pupils requiring special educational treatment are defined in Regulation 3 of the Handicapped Pupils and School Health Service Regulations, 1945, and the numbers on the register at the end of 1952 were as follows :—

	MALES	FEMALES	TOTALS
(1) Blind .....	1	1	2
(2) Partially sighted .....	—	3	3
(3) Deaf .....	5	3	8
(4) Partially deaf .....	4	—	4
(5) Delicate .....	26	21	47
(6) Physically handicapped .....	39	19	58
(7) Educationally subnormal .....	34	36	70
(8) Maladjusted .....	7	—	7
(9) Epileptic .....	1	1	2
Totals .....	117	84	201

## DENTAL INSPECTION AND TREATMENT

The number of half-day sessions allocated in 1952 to the administration of the school dental service and to dental inspection and treatment was 941.

In addition, treatment was provided for patients referred under the maternity and child welfare scheme, amounting to 114 sessions.

### NUMBER OF SESSIONS

DEVOTED TO :—

	MR. J. P. WILSON	MRS. A. CANOVAN
(1) Administration .....	17	2
(2) Inspection (a) At School .....	25 } 36	26 } 37
(b) At Clinic .....	11 }	11 }
(3) Treatment .....	414	435
	<hr/> 467	<hr/> 474
(4) Maternity and Child Welfare Dental Work .....	57	57
	<hr/> 524	<hr/> 531
Totals .....	<hr/> 524	<hr/> 531

Sessions included under administration were those devoted to the preparation of the annual report, the attendance of meetings, etc.

In accordance with Regulation 49 (3) of the Handicapped Pupils and School Health Service Regulations, 1945, every pupil who is admitted for the first time to a maintained school should be inspected by a dental officer as soon as possible after the date of admission.

The appointment as from 1st October, 1951, of Mrs. A. Canovan as Assistant Dental Officer, has made it possible in 1952 to comply with the Regulation quoted in the previous paragraph.

3,592 inspections were carried out in school. Of this number, 2,128 were new routine patients in primary schools, 163 were children attending special schools, 241 attended nursery schools ; the remainder, 1,060, were re-inspections.

Of the 2,564 requiring treatment, 1,711, or 66·7 per cent., accepted treatment at the School Clinic. By the end of the year, 1,169 had received treatment and 870 had been completed.

TABLE V.—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers :—

(a) Periodic age groups (at School) .....	2,544
(b) Specials (at Clinic) .....	3,237
Total (a) and (b) .....	<hr/> 5,781



(2)	Number found to require treatment .....	5,103
(3)	Number referred for treatment .....	4,852
(4)	Number actually treated .....	3,946
(5)	Attendances made by pupils for treatment .....	13,409
		<hr/>
(6)	Half-days devoted to : (a) Inspection .....	73
	(b) Treatment .....	849
	Total (a) and (b) .....	922
	(c) Administration .....	19
	(d) Maternity and Child Welfare Work .....	114*
	Total (a), (b), (c), (d) .....	1,055
		<hr/>
(7)	Fillings : Permanent Teeth .....	2,974
	Temporary Teeth .....	68
	Total .....	3,042
		<hr/>
(8)	Number of teeth filled : Permanent Teeth .....	2,366
	Temporary Teeth .....	63
	Total .....	2,429
		<hr/>
(9)	Extractions : Permanent Teeth .....	997
	Temporary Teeth .....	4,728
	Total .....	5,725
		<hr/>
(10)	Administration by Assistant Medical Officers of general anæsthetics for extraction .....	1,024
		<hr/>
(11)	Other operations : Permanent Teeth .....	3,693
	Temporary Teeth .....	4,951
	Total .....	8,644
		<hr/>

\* The work under the Maternity and Child Welfare Scheme is summarised in Table 25, page 98.

Treatment was also carried out for children attending Nursery Schools :—

Number inspected .....	263
Referred for treatment .....	154
Treated { partly .....	21 }
{ completely .....	62 }
Attendances .....	140
Extractions .....	43
General anæsthetics .....	20
Other operations .....	257

The use of silver nitrate for conserving deciduous teeth, and also for treating chalky patches on second teeth, has proved to be a reliable form of treatment, but is not shewn in the above tables. 4,565 deciduous and 338 permanent teeth were treated with silver nitrate during 1952.

It is also interesting to note that whilst there was a further increase in the number of cases in which a general anæsthetic was given (1,044 administrations of nitrous oxide in 1952), local anæsthesia had still a large part to play, for 2,753 local anæsthetics were given.

### SPECIAL DENTAL TREATMENT

One of the more outstanding advances of recent years has been the introduction of regulation treatment. Simple regulation cases, such as the correction of a single misplaced front tooth, had been successfully dealt with from the earliest years of the service, but it was not until 1948 that the more complicated cases were attempted.

In 1952 it was possible to insert 244 appliances for 188 patients. Until this year specialist advice was sought before most of the cases were carried out. Now it is only in the most complicated cases that such advice is sought, as it was in 38 out of the 188 cases. The charge for this advice is three guineas per case, so it will be seen that a considerable saving has been effected. This shews the wisdom of appointing an assistant officer who has had recent experience in the children's department of Manchester Dental Hospital and in sending the chief officer to a post-graduate course.

A fairly frequent accident to school children is that of a fractured front second tooth or teeth. Occasionally the "nerve" is exposed, but every effort is made to save such teeth despite the length of time involved. In younger children, where the root of the tooth has not finished growing, the "nerve" is removed from the crown part of the tooth only. In older children, *i.e.* approximately twelve years upward, the whole of the "nerve" is removed. These cases are always radiographed first to ascertain whether or not the root has finished growing and also to make sure there is no fracture of the root or the jaw. In all these cases it is necessary to see the patient immediately after the accident, as failure to do so results in the loss of the teeth involved. Sometimes the teeth are completely knocked out. 7 crowns were fitted for 6 patients whose front teeth were saved by the methods mentioned above. 28 dentures were inserted where front teeth had been lost either by accident or neglect.

## PHYSICAL EDUCATION

A free and informal physical education lesson is now the rule in all primary schools in the County Borough. It has been evolved as the logical outcome of a study of the needs of growing children and an awareness of the interdependence of body, mind, and spirit in the individual child.

In the primary stage emphasis is on activity and enjoyment and on giving the child opportunities to practise various skills and techniques, not in order to become specialised in one particular activity, but rather to gain a wide experience in many, producing thereby such desirable qualities as grace, ease of expression and movement, strength and agility, and, not least, versatility.

More climbing apparatus was introduced into primary schools during the year. Teachers regard this as indispensable equipment, which not only provides the child with a challenge, but also increases his self-confidence and assists him in finding his own "safety level."

At the secondary stage the girls' work is developing gradually along informal lines. Grace and quality of movement, besides skill in vaulting, are the desired results of the work.

With secondary boys the problem is to produce a satisfying and challenging lesson which is both interesting and varied. It must appeal to the athletic and non-athletic boys alike, to those with well developed ball sense as well as those with little, to the lethargic as well as those eager for activity. A complex problem presents itself, the solution of which appears to be best in the hands of specialist teachers, whose background of training enables them to tackle the problem with understanding.

Swimming continues to be popular in all types of schools and more children attended the Baths during school hours in 1952 than ever before. The teaching of swimming, moreover, is not confined to the summer months but is spread throughout the school year. Over fifty classes weekly attended the Corporation Baths during the winter.





**TABLE B**  
**COUNTY BOROUGH OF NORTHAMPTON**  
**Cases of Notifiable Diseases during the Year 1952**

NOTIFIABLE DISEASES	NUMBER OF CASES NOTIFIED														CASES NOTIFIED IN EACH WARD												Cases Treated in Hospital
	ALL AGES	AGES (IN YEARS)													Castle	Delapre	Kingsley	Kingsthorpe	St. Crispin	St. Edmund	St. George	St. James	St. Michael	South	Spencer	Weston	
		0-	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-	Not Known													
Acute Poliomyelitis :—																											
Paralytic .....	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Non-paralytic .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria .....	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
Dysentery .....	3	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	—	1	
Erysipelas .....	28	—	—	—	—	—	—	—	—	1	—	11	16	—	4	4	4	1	6	2	2	3	1	—	1	1	
Food Poisoning .....	43	1	2	1	—	—	4	5	1	9	8	9	3	—	—	4	—	10	—	—	3	9	1	3	7	6	5
Malaria (contracted abroad).....	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	
Measles .....	2318	46	180	254	278	316	1181	28	13	8	—	—	—	14	104	332	179	355	140	107	131	197	126	27	467	153	18
Ophthalmia Neonatorum .....	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	
Paratyphoid B .....	11	—	—	—	—	1	5	2	2	1	—	—	—	—	—	4	1	—	—	—	—	3	2	1	—	—	9
Pneumonia .....	67	2	—	1	1	2	16	—	2	6	9	10	18	—	2	10	6	7	3	2	3	4	7	3	15	5	7
Puerperal Pyrexia .....	86	—	—	—	—	—	—	—	9	64	12	1	—	—	3	6	2	5	2	2	2	4	6	50	2	2	82
Scarlet Fever .....	296	—	3	9	18	34	159	59	7	6	—	1	—	—	22	40	16	33	28	15	12	36	9	8	62	15	191
Whooping Cough .....	290	31	35	38	30	39	107	5	1	3	1	—	—	—	16	55	27	7	23	13	18	13	21	4	54	39	—
Tuberculosis :—																											
Respiratory .....	103	1	1	—	—	1	2	2	13	48	12	22	1	—	10	5	7	17	12	5	5	8	7	4	15	8	86
Other Forms .....	16	—	2	1	1	1	4	—	2	2	1	2	—	—	1	3	1	2	1	2	1	—	1	—	2	2	6
Totals .....	3265	83	223	305	328	395	1479	101	50	150	43	56	38	14	162	463	243	438	215	148	177	280	181	101	627	230	408

The above figures allow for corrections in diagnosis and include non-civilian cases. (See Sections VII. and VIII. of this Report for further information).  
No notifications were received of other notifiable diseases not specified in the Table above (e.g., meningococcal infection, smallpox).





TABLE C

## COUNTY BOROUGH OF NORTHAMPTON

Causes of Death at Different Periods of Life during the Year 1952

CAUSES OF DEATH	NETT DEATHS AT THE SUBJOINED AGES (IN YEARS) OF " RESIDENTS " WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT										
	ALL AGES			0-	1-	5-	15-	25-	45-	65-	75-
	Total	M.	F.								
1. Tuberculosis, respiratory .....	26	18	8	—	—	—	1	6	11	6	2
2. Tuberculosis, other .....	4	1	3	—	—	—	1	3	—	—	—
3. Syphilitic disease .....	1	—	1	—	—	—	—	—	1	—	—
4. Diphtheria .....	—	—	—	—	—	—	—	—	—	—	—
5. Whooping cough .....	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections .....	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis .....	—	—	—	—	—	—	—	—	—	—	—
8. Measles .....	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases .....	3	1	2	—	—	—	—	1	1	—	1
10. Malignant neoplasm, stomach .....	30	16	14	—	—	—	—	1	7	10	12
11. Malignant neoplasm, lung, bronchus .....	33	32	1	—	—	—	—	3	20	9	1
12. Malignant neoplasm, breast .....	24	—	24	—	—	—	—	1	11	4	8
13. Malignant neoplasm, uterus .....	12	—	12	—	—	—	—	2	5	3	2
14. Other malignant and lymphatic neoplasms .....	104	57	47	—	—	1	1	3	32	36	31
15. Leukæmia, aleukæmia .....	6	4	2	—	—	—	—	—	4	—	2
16. Diabetes .....	8	3	5	—	—	—	1	1	2	3	1
17. Vascular lesions of nervous system .....	239	116	123	—	1	—	—	3	29	67	139
18. Coronary disease, angina .....	165	94	71	—	—	—	—	3	29	57	76
19. Hypertension with heart disease .....	27	18	9	—	—	—	—	—	5	7	15
20. Other heart disease .....	249	97	152	—	—	—	1	4	21	57	166
21. Other circulatory disease .....	30	17	13	—	—	—	—	—	6	12	12
22. Influenza .....	3	2	1	1	—	—	—	—	—	1	1
23. Pneumonia .....	40	18	22	5	2	1	—	—	11	10	11
24. Bronchitis .....	56	39	17	1	—	—	—	—	16	17	22
25. Other diseases of respiratory system .....	6	3	3	2	1	—	1	1	—	1	—
26. Ulcer of stomach and duodenum .....	13	11	2	—	—	—	1	—	6	5	1
27. Gastritis, enteritis and diarrhœa .....	4	2	2	1	—	—	—	1	2	—	—
28. Nephritis and nephrosis .....	18	14	4	—	—	—	—	2	6	7	3
29. Hyperplasia of prostate .....	5	5	—	—	—	—	—	—	—	2	3
30. Pregnancy, childbirth, abortion .....	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations .....	6	5	1	4	—	—	—	1	1	—	—
32. Other defined and ill-defined diseases .....	82	49	33	18	1	2	1	5	20	15	20
33. Motor vehicle accidents .....	9	6	3	—	1	4	—	2	—	2	—
34. All other accidents .....	9	6	3	—	—	1	—	2	2	—	4
35. Suicide .....	10	5	5	—	—	—	—	—	8	2	—
36. Homicide and operations of war .....	—	—	—	—	—	—	—	—	—	—	—
Totals .....	1222	639	583	32*	6	9	8	45	256	333	533

\*24 of these 32 infants were under four weeks of age.

The above Table was prepared from information supplied by the Registrar-General.







